



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90164 026 ****50.00

DOCUMENT # L02000032980 1. Entity Name K AND N HAULING LLC					
Principal Place of Business 3695 CEDAR AVE YULEE, FL 32097 US			Mailing Address 3695 CEDAR AVE YULEE, FL 32097 US		
2. Principal Place of Business 3586 Morgans Way Suite, Apt. #, etc.		3. Mailing Address 3586 Morgans Way Suite, Apt. #, etc.			
City & State Yulee, FL		City & State Yulee, FL		4. FEI Number 75-3092548	
Zip 32097		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KWAPNIOSKI, LUCY A 3695 CEDAR AVE. YULEE, FL 32097			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3586 Morgans Way City Yulee FL Zip Code 32097		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GR KWAPNIOSKI, LUCY A 3695 CEDAR AVE. YULEE, FL 32097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GR KWAPNIOSKI, EUGENE E 28079 LUCY LN. HILLIARD, FL 32046	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <i>Lucy A Kwapnioski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				2-4-04 Date	
				(904) 491-5760 Daytime Phone #	