


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L90355 1. Entity Name HOWARD HAULING, INC.	
---	---

Principal Place of Business 1625 HENDRY ST SUITE 301 FORT MYERS, FL 33901	Mailing Address 1625 HENDRY ST SUITE 301 FORT MYERS, FL 33901
--	--

**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0209387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HART, THOMAS B.  
1625 HENDRY STREET  
SUITE 301  
FORT MYERS, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HART, THOMAS B 1625 HENDRY ST STE 301 FORT MYERS, FL 33901
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

1000000010707  
01/23/04-80009-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/16/04 239 384 2722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #