2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000008307

1. Entity Name
RAPID HAUL, INC.

Principal Place of Business	Mailing Address
214 TEAKWOOD CIRCLE, E MIDDLEBURG, FL 32068	PO BOX 7125 CLEARWATER, FL 33758

DO NOT WRITE IN THIS SPACE

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3619262	Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSWELL, PATSY D
524 SKYVIEW AVE.
CLEARWATER, FL 33756

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000757971 05/23/07-80091-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOSWELL, STEPHEN D
STREET ADDRESS	524 SKYVIEW AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VD
NAME	KNIGHT, KEVIN
STREET ADDRESS	214 TEAKWOOD CIRCLE, E
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	ST
NAME	BOSWELL, PATSY D
STREET ADDRESS	524 SKYVIEW AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Patsy N. Dowell_, Sec.   4/30/2007   727-224-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #