2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# P00000057936

Entity Name: ALL COUNTY HAULING, INC.

Current Principal Place of Business:

P.O. BOX 484
NOKOMIS, FL 34274

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 484
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 65-1032670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUDY, SHAWN A
101 W. TAMPA AVENUE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

JUDY, SHAWN A
479 S. TAMIAMI TRAIL
NOKOMIS, FL 34275 US

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.

SIGNATURE: SHAWN A. JUDY 02/24/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JUDY, STEVEN S
Address: P.O. BOX 484
City-St-Zip: NOKOMIS, FL 34274

Title: VP ( ) Delete
Name: JUDY, SHAWN A
Address: P.O. BOX 484
City-St-Zip: NOKOMIS, FL 34274

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN A. JUDY VP 02/24/2005
Electronic Signature of Signing Officer or Director Date