2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 12, 2007 08:00 AM Secretary of State **DOCUMENT # P00000114837** 1. Entity Name FLATBED HAULING, INC. Principal Place of Business Mailing Address 23780 NE SR 16 23780 NE SR 16 RAIFORD, FL 32083 RAIFORD, FL 32083 CR2E034 (11/05) No Chg-P 02072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3700801 Not Applicable \$8.75 Additional 渱 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE BAGLEY, RONALD 23780 NE SR 16 RAIFORD, FL 32083 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, typied or orinted name of registered agent anglittle if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE BAGLEY, RONALD NAME STREET ADDRESS 23780 NE SR 16 CITY-ST-ZIP RAIFORD, FL 32083 TITLE U00000633710 02/21/07-80072-016 158.75 BAGLEY, CYNTHIA STREET ADDRESS 23780 NE SR 16 RAIFORD, FL 32083 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

12. Thereby 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 addysss, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-1-0/ 90

Davime Phone #

FILED