


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90007 032 ***550.00

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|--|------------------------|---|---|---|------|----------------|----------------------|---------------------------------|-------------|------------------------|-------------|----------------|----------------|---|-------------|--|--|
| DOCUMENT # P01000008362 1. Entity Name ARROYO HAULING, INC. | | | |  | | | | | | | | | | | | | |
| Principal Place of Business 9404 WEST FLORA STREET TAMPA FL 33615 | | | Mailing Address 9404 WEST FLORA STREET TAMPA FL 33615 | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3694723 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent DIAZ, ANTHONY J 3953 VERSAILLES DRIVE TAMPA FL 33634 | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D ARROYO, EDWIN G</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>9404 WEST FLORA STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA FL 33615</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | | TITLE | D ARROYO, EDWIN G | <input type="checkbox"/> Delete | NAME | 9404 WEST FLORA STREET | | STREET ADDRESS | TAMPA FL 33615 | | CITY-ST-ZIP | | |
| TITLE | D ARROYO, EDWIN G | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | |
| NAME | 9404 WEST FLORA STREET | | | | | | | | | | | | | | | | |
| STREET ADDRESS | TAMPA FL 33615 | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | STREET ADDRESS | | STREET ADDRESS | CITY-ST-ZIP | | CITY-ST-ZIP | | | 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. | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | |
| NAME | STREET ADDRESS | | | | | | | | | | | | | | | | |
| STREET ADDRESS | CITY-ST-ZIP | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | |
| SIGNATURE: EDWIN G. ARROYO <i>Edwin G. Arroyo</i> Sept 1, 2004 (813) 267-2999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | |



MOORE CR2E034 (4/04)