

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013777

FILED  
Jun 08, 2006  
Secretary of State

Entity Name: THIG EARTH HAULING, INC.

## Current Principal Place of Business:

681 STONEHENGE DR  
MARY ESTHER, FL 32569

## New Principal Place of Business:

9509 SUNNYBROOK DR.  
NAVARRE, FL 32566

## Current Mailing Address:

P.O. BOX #533  
MARY ESTHER, FL 32569

## New Mailing Address:

FEI Number: 59-3696445      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THIGPEN, ANDREW S  
1855 STELLA LN. #633  
FT. WALTON BEACH, FL 32548      US

## Name and Address of New Registered Agent:

THIGPEN, ANDREW S  
2000 ESPLANADE ST  
NAVARRE, FL 32566      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: \_\_\_\_\_

06/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: THIGPEN, ANDREW S  
Address: 1855 STELLA LN #633  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D      ( ) Delete  
Name: THIGPEN, DELOIS  
Address: 681 STONEHENGE  
City-St-Zip: MARY ESTHER, FL 32569

Title: D      ( ) Delete  
Name: THIGPEN, SCOTTIE L  
Address: 681 STONEHENGE DR  
City-St-Zip: MARY ESTHER, FL 32569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: THIGPEN, ANDREW S  
Address: 2000 ESPLANADE ST.  
City-St-Zip: NAVARRE, FL 32566

Title: D      (X) Change ( ) Addition  
Name: THIGPEN, DELOIS  
Address: 9509 SUNNYBROOK DR.  
City-St-Zip: NAVARRE, FL 32566

Title: D      (X) Change ( ) Addition  
Name: THIGPEN, SCOTTIE L  
Address: 9509 SUNNYBROOK DR.  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDREW THIGPEN

D

06/08/2006

Electronic Signature of Signing Officer or Director

Date