


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000086375		
1. Entity Name FLORIDA FILL HAULERS OF LAND O'LAKES, INC.		
Principal Place of Business 4946 LAND O' LAKES BLVD LAND O' LAKES, FL 34639	Mailing Address 4946 LAND O' LAKES BLVD LAND O' LAKES, FL 34639	



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REIBER, SAM I
601 E TWIGGS ST, SUITE 200
TAMPA, FL 33602

**DO NOT WRITE
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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D REENE, ROBERT D SR 9237 HWY 230 UNADILLA, GA 31091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KEENE, ROBERT D JR 10294 MAYBIRD AVE WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEENE, DAVID T 3722 MANNINGS KNOLL LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUGHES, CYNTHIA I 14198 CINNAMAN LANE WEEKI WACHEE, FL 34614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000301474
04/29/08-80071-007-150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia Hughes 4-11-08 (813) 996-2700