2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90439 006 ***150.00

20042071

04182006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000104261

1. Entity Name
TAD'S HAULING INC.

Principal Place of Business	Mailing Address
3501 LAKD OAKS DR APT 105 TAMPA, FL 33624	3501 LAKD OAKS DR APT 105 TAMPA, FL 33624

2. Principal Place of Business: 5750 WEST IRVING CT	3. Mailing Address: → SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMOSASSA, FL	City & State
Zip: 34448 Country	Zip Country

4. FEI Number 59-3751286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIERWINSKI, TADEUSZ W
3501 LAND OAKS DR
APT 105
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name: NIERWINSKI, TADEUSZ W
Street Address (P.O. Box Number is Not Acceptable): 5750 WEST IRVING CT
City: HOMOSASSA FL Zip Code 34448

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] REG. AGENT 04/18/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	NIERWINSKI, TADEUSZ	NAME	
STREET ADDRESS	3501 LAND OAKS DR APT 105	STREET ADDRESS	5750 WEST IRVING CT
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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 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] TADEUSZ NIERWINSKI PRES. 04/18/06 352-628-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #