

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90244 027 ***150.00

DOCUMENT # P01000112083 1. Entity Name HAUL OVER FLORIDA, INC.					
Principal Place of Business 1625 BARBARIE LANE SOUTH WEST PALM BEACH, FL 33417			Mailing Address 1625 BARBARIE LANE SOUTH WEST PALM BEACH, FL 33417		
2. Principal Place of Business 11511 SE 1st St. Rd. Suite, Apt. #, etc.		3. Mailing Address 11511 SE 1st St. Rd. Suite, Apt. #, etc.			
City & State Silver Springs		City & State FL		4. FEI Number 65-1152601	
Zip 34488		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRINER, CARLENE J 2608 N DIXIE HWY, SUITE 100 WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent Name Griner, Carlene J. Street Address (P.O. Box Number is Not Acceptable) 11511 SE 1st Street Road City Silver Springs FL Zip Code 34488	
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: <i>Carlene J. Griner</i> Carlene J. Griner Sect/Treas 4-20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINER, STEVE L 1625 BARBARIE LN S WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Griner, Steve L. 11511 SE 1st Street Road Silver Springs, FL 34488
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Griner, Carlene J. 11511 SE 1st Street Road Silver Springs, FL 34488	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty row for additional officers/directors)			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty row for additional officers/directors)			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty row for additional officers/directors)			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty row for additional officers/directors)			
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.					
SIGNATURE: <i>Carlene J. Griner</i> Carlene J. Griner, Sect 4-20-05 352-625-3138 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					