

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000045574 1. Entity Name B&E HAULING, INC.	
--	---

Principal Place of Business 10171 SE 161 AVE WHITE SPRINGS, FL 32096	Mailing Address PO BOX 422 WHITE SPRINGS, FL 32096
--	--

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0036846	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OGBURN, BAILEY R
10171 SE 161 AVE
WHITE SPRINGS, FL 32096

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 OGBURN, BAILEY R 10171 SE 161 AVE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OGBURN, MARTHA D 10171 SE 161 AVE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OGBURN, BAILEY R JR 10171 SE 161 AVE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OGBURN, BYRON T 10171 SE 161 AVE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000203896
01/29/05-80047-022 150.00

DO NOT WRITE IN THIS SPACE

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: Bailey R. Ogburn Sr. President 1-25-05 386-397-7442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #