FILED
May 04, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045574

1. Entity Name
B&E HAULING, INC.

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

05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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: Byron J. Ogburn Byron T. Ogburn 5/1/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OGBURN, BAILEY R
STREET ADDRESS	10171 SE 161 AVE
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	ST
NAME	OGBURN, MARTHA D
STREET ADDRESS	10171 SE 161 AVE
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	V
NAME	OGBURN, BAILEY R JR
STREET ADDRESS	10171 SE 161 AVE
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	V
NAME	OGBURN, BYRON T
STREET ADDRESS	10171 SE 161 AVE
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000761357
05/25/07-80052-006 150.00

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: Byron J. Ogburn Byron T. Ogburn 5/1/07 386-397-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #