

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


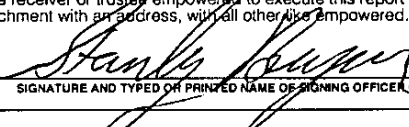
**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90106 002 \*\*\*150.00

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000055022			
1. Entity Name HRP HAULING, INC.			
Principal Place of Business 341 STORY RD LAKE WALES, FL 33853		Mailing Address PO BOX 450 DUNDEE, FL 33838	
2. Principal Place of Business		3. Mailing Address 341 Story Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lake Wales FL	
Zip	Country	Zip	Country
33853		P01K	
4. FEI Number 75-3060890		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 BRYAN, STANLEY 341 STORY RD LAKE WALES, FL 33853		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <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	DPS BRYAN, STANLEY 341 STORY RD LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 14 29 Daytime Phone #	