

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000059281

1. Entity Name  
BEC'S HAULING, INC.



Principal Place of Business

5738 SAVANNAH DRIVE  
SARASOTA, FL 34231

Mailing Address

5738 SAVANNAH DRIVE  
SARASOTA, FL 34231



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number

02-0612604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LAGASSE, ROBERT F  
5738 SAVANNAH DRIVE  
SARASOTA, FL 34231

**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

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, 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 PD  
NAME LAGASSE, REBECCA  
STREET ADDRESS 5738 SAVANNAH DRIVE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE SD  
NAME HALL, JOSHUA  
STREET ADDRESS 5738 SAVANNAH DRIVE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000358445  
05/04/05-80113-017 150.00

**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)(f), 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:

*Rebecca LaGasse*

*Rebecca LaGasse*

*4/22/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DayTime Phone #