


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-01-2006 90033 009 ***150.00

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| DOCUMENT # P02000065823 |  |
| 1. Entity Name BONNIE WALSH HAULING, INC. | |

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| Principal Place of Business 2400 OIL WELL RD. NAPLES, FL 34120 | Mailing Address 2400 OIL WELL RD. NAPLES, FL 34120 |
|--|--|

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66005850



02082006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 73-1649072 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**WALSH, BONNIE
2400 OIL WELL RD
NAPLES, FL 34120**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT WALSH, BONNIE 2400 OIL WELL RD. NAPLES, FL 34120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS WALSH, TERRY P 2400 OIL WELL RD. NAPLES, FL 34120 |
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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: Bonnie Walsh **BONNIE WALSH** (239) 404-7377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #