2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100993

1. Entity Name

HEAVY RIGGING & HAULING, INC.



FILED Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

170 N GOLDENROD RD ORLANDO, FL 32807 170 N GOLDENROD RD ORLANDO, FL 32807



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4526362 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLOCK, ALAN A 170 N GOLDENROD RD ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE

ONDANDO	5,12 32007			IN IN	THIS SPA	CE		
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 famillar with, and accept the obligations of registered agent. SIGNATURE								
	Signeture, typed or printed name of registered agent and title i			e required when reinstating)	<u> </u>	DATE	· _ ,, , ,	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000892 04/23/08-800	:741)75-025	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD ASHLOCK, ALAN A 170 N GOLDEN RD ORLANDO, FL 32807	TORS						
TITLE NAME STREET ADDRESS CHY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ÎŢĒ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	CE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

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 emplowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-9-08

407.277.5000

Daytime Pho