

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114279

Entity Name: CCI HAULING, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

20719 U.S. HIGHWAY 301
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1947
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 51-0434689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, JUSTIN W
20719 HWY 301
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VERRELLI, ANGELO
Address: 5520 FAIRWAY DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: COB () Delete
Name: VERRELLI, ANGELO
Address: 5520 FAIRWAY DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN W. FLETCHER

OPS

04/15/2008

Electronic Signature of Signing Officer or Director

Date