

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000114279

Entity Name: CCI HAULING, INC.

**FILED**  
**Apr 04, 2011**  
**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:**

VERRELLI, ANGELO W  
20719 US 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANGELO VERRELLI

PD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date