

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90049 036 ***150.00

DOCUMENT # P02000118373

1. Entity Name
MACGLEN HAULING, INC.



Principal Place of Business
5985 S. RIVER CIRCLE
MACCLENNY, FL 32063-0356

Mailing Address
P.O. BOX 356
MACCLENNY, FL 32063-0356

50005965



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
02-0662739

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHODEN, HUGH B
5985 S. RIVER CIRCLE
MACCLENNY, FL 32063-0356

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 filer, if applicable.

(NOTE: Registered Agent signature required when resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RHODEN, HUGH B
STREET ADDRESS 5985 S. RIVER CIRCLE
CITY- ST- ZIP MACCLENNY, FL 320630356 ☐ Delete

TITLE PD
NAME H. Bentley Rhoden
STREET ADDRESS 1324 Copper Oaks Court
CITY- ST- ZIP MACCLENNY, FL 32063 ☒ Change ☐ Addition

TITLE STD
NAME CRAWFORD, CLAUDETTE
STREET ADDRESS 5985 S. RIVER CIRCLE
CITY- ST- ZIP MACCLENNY, FL 320630356 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 change or other change.

H. Bentley Rhoden, Pres

SIGNATURE:

H. Bentley Rhoden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 05 (904) 259-3343

Date

Daytime Phone