

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000131735																																																											
1. Entity Name SEMINOLE HEAVY HAULING INC.																																																											
Principal Place of Business 8311 NW 53 STREET LAUDERHILL, FL 33351			Mailing Address 8311 NW 53 STREET LAUDERHILL, FL 33351																																																								
2. Principal Place of Business			3. Mailing Address																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																								
City & State			City & State																																																								
Zip		Country		Zip																																																							
Country		Country		Country																																																							
6. Name and Address of Current Registered Agent MORRIS, ALFRED 8311 NW 53 STREET LAUDERHILL, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																							
State: 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 _____ (NOTE: Registered Agent signature required when reinstating)																																																											
Signature typed or printed name of registered agent and title if applicable																																																											
DATE																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"> PD MORRIS, ALFRED 8311 NW 53 STREET LAUDERHILL, FL 33351 </td> <td style="width: 10%; padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"> 000000083852 03/10/04-80056-011 150.00 </td> <td style="width: 10%; padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PD MORRIS, ALFRED 8311 NW 53 STREET LAUDERHILL, FL 33351	<input type="checkbox"/> Delete	TITLE	000000083852 03/10/04-80056-011 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP		<input type="checkbox"/> Delete	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP		<input type="checkbox"/> Delete	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP		<input type="checkbox"/> Delete	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP		<input type="checkbox"/> Delete	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP		<input type="checkbox"/> Delete	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Alfred Morris</i>			3/5/04 954-572-5154																																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																								