

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90134 049 ***158.75

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1. Entity Name
SMITH HAULING, INC.



Principal Place of Business
**800 CJ LAIRD ROAD
PONCE DE LEON, FL 32455**

Mailing Address
**800 CJ LAIRD ROAD
PONCE DE LEON, FL 32455**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262006 Chg-P CR2E034 (11/05)

4. FEI Number
57-1166992

Applied For
Not Applicable

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

**CUCHENS, VICTORIA
800 CJ LAIRD ROAD
PONCE DE LEON, FL 32455**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ☐ Delete
NAME SMITH, JONATHAN L
STREET ADDRESS 800 CJ LAIRD ROAD
CITY-ST-ZIP PONCE DE LEON, FL 32455

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

TITLE SD ☒ Delete
NAME CUCHENS, VICTORIA E
STREET ADDRESS 800 CJ LAIRD ROAD
CITY-ST-ZIP PONCE DE LEON, FL 32455

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Victoria E Cuchens
CITY-ST-ZIP 800 CJ Laird Rd
Ponce de Leon, FL 32455

TITLE TD ☐ Delete
NAME LAWRENCE, BRUCE A
STREET ADDRESS 253 ARGYLE CHURCH ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Donnie Richardson
CITY-ST-ZIP 294 Nowling Road
Defuniak Springs, FL 32435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 empowered.

SIGNATURE:

Victoria Cuchens, Secretary

3/27/06

850-259-7898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #