

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055806

Entity Name: SMITH HAULING, INC.

FILED  
Feb 12, 2007  
Secretary of State

## Current Principal Place of Business:

800 CJ LAIRD ROAD  
PONCE DE LEON, FL 32455

## New Principal Place of Business:

## Current Mailing Address:

800 CJ LAIRD ROAD  
PONCE DE LEON, FL 32455

## New Mailing Address:

FEI Number: 57-1166992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SMITH, VICTORIA E  
800 CJ LAIRD ROAD  
PONCE DE LEON, FL 32455 US

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: VICTORIA E SMITH

02/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, JONATHAN L  
Address: 800 CJ LAIRD ROAD  
City-St-Zip: PONCE DE LEON, FL 32455

Title: VP ( ) Delete  
Name: CUCHENS, VICTORIA E  
Address: 800 CJ LAIRD ROAD  
City-St-Zip: PONCE DE LEON, FL 32455

Title: TD ( ) Delete  
Name: LAWRENCE, BRUCE A  
Address: 253 ARGYLE CHURCH ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S ( ) Delete  
Name: RICHARDSON, DONNIE  
Address: 294 NOWLING ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: SMITH, VICTORIA E  
Address: 800 CJ LAIRD ROAD  
City-St-Zip: PONCE DE LEON, FL 32455

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

Title: S (X) Change ( ) Addition  
Name: MORRISON, JAMES  
Address: 113 GARNER ROAD  
City-St-Zip: PONCE DE LEON, FL 32455

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTORIA E SMITH

VP

02/12/2007

Electronic Signature of Signing Officer or Director

Date