# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 15, 2008**
**Secretary of State**

DOCUMENT# P03000055806

**Entity Name:** SMITH HAULING, INC.

**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:**

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

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

Title: TD ( ) Delete
Name: CROWE, FELIX R
Address: 770 C J LAIRD ROAD
City-St-Zip: PONCE DE LEON, FL 32455

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition
Name: CROWE, FELIX R
Address: 770 C J LAIRD ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: TD (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 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 S 07/15/2008

Electronic Signature of Signing Officer or Director — Date