


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90192 042 \*\*\*150.00

**DOCUMENT # P03000064283**

1. Entity Name  
**RR GENERAL HAULING, INC**



Principal Place of Business  
**1316 37TH STREET NW  
 WINTER HAVEN, FL 33881**

Mailing Address  
**1316 37TH STREET NW  
 WINTER HAVEN, FL 33881**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0699402**

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

6. Name and Address of Current Registered Agent  
**BOYLE, LYN  
 3609 AVE R NW  
 WINTER HAVEN, FL 33881**

7. Name and Address of New Registered Agent  
 Name **Riley Rogers**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1316 37th Street NW**  
 City **Winter Haven** **FL** Zip Code **33881**

I, 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 *Riley Rogers* **Riley Rogers** DATE **1/9/06**

(NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>ROGERS, RILEY<br>1316 37TH STREET NW<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ROGERS, POLLY<br>1316 37TH STREET NW<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: *Riley Rogers* **Riley Rogers** DATE **1/9/06** Daytime Phone # **803-287-8051**