


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90056 026 \*\*\*150.00

DOCUMENT # P03000064283

1. Entity Name  
 RR GENERAL HAULING, INC




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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07092007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 65-0699402      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROGERS, RILEY  
 1316 37TH ST NW  
 WINTER HAVEN, FL 33881

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

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 Riley A. Rodgers      Riley Rodgers      7/9/07  
Signature, typed or printed name of registered agent and type, if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROGERS, RILEY 1316 37TH STREET NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, POLLY 1316 37TH STREET NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROGERS, RILEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Correction on spelling of name
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rodgers, Polly	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition correction on spelling of name
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 A. Rodgers      Riley Rodgers      7/9/07      803-289-8657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #