


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 028 ***150.00

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|--|--|---|--|--|--|
| DOCUMENT # P03000095613 1. Entity Name L & G HAULING, INC. | | | |  | |
| Principal Place of Business 4217 SW 15TH AVE CAPE CORAL, FL 33914 | | | Mailing Address 4217 SW 15TH AVE CAPE CORAL, FL 33914 | | |
| 2. Principal Place of Business 425 NW 37TH PL | | 3. Mailing Address 425 NW 37TH PL | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Cape Coral FL | | City & State Cape Coral FL | | 4. FEI Number 55-0847948 | |
| Zip 33993 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GIRALDO, LUIS A 4217 SW 15TH AVE CAPE CORAL, FL 33914 | | | 7. Name and Address of New Registered Agent Name Girardo Luis A Street Address (P.O. Box Number is Not Acceptable) 425 NW 37TH PL City Cape Coral FL Zip Code 33993 | | |
| 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GIRALDO, LUIS A 4217 SW 15TH AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Girardo, Luis A 425 NW 37TH PL Cape Coral FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GIRALDO, GLORIA 4217 SW 15TH AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GIRALDO, GLORIA 425 NW 37TH PL Cape Coral FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GIRALDO BRIAN 425 NW 37TH PL Cape Coral FL 33993 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GIRALDO BRIAN 425 NW 37TH PL Cape Coral FL 33993 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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 exemption stated in Section 119.07(3)(i), 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 or without like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |

50061523



08112005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE