2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 20, 2007 08:00 AM Secretary of State DOCUMENT # P03000115793 1. Entity Name KESSLER HAULING INC. Principal Place of Business Mailing Address 950 PULITZER RD. 950 PULITZER RD. FT. PIERCE FL 34945 FT. PIERCE FL 34945 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-0406413 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KESSLER, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 950 PULITZER RD. FT. PIERCE FL 34945 City Zip Codo 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 pgistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THIE Delete TITLE Change Addition KESSLER, HAROLD U00000641839 NAME NAMI 950 PULITZER RD. 03/01/07-80014-032 150.00 STREET ADDRESS STRUCT ADDRESS FT. PIERCE FL 34945 CITY - S1 - ZIP City-S1-7IP ппп Delete HILE ☐ Change Addition NAME NAMI STRUET ADDRESS STRIET ADDRESS CUTY-ST-ZIP CHY-SI-ZIP ш Delete □ Change Addition NAME NAMF STREET ADDRESS STRUCT ADDRESS CHY-ST-ZIP CITY-ST-ZIP 11111 Detete MILI Change ☐ Addition NAMI NAME STREET ADDRESS STRLET LADORESS CITY-SI-ZIP CHY-SI-70 ☐ Change Addition 11110 ☐ Defete ши NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-ZIP Addition ☐ Delete IHL IIILE Change NAMI' NAMI: STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or director of the corporation or the receiver of 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.