


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90007 014 ***150.00

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DOCUMENT # P03000116337			
1. Entity Name KELLY HAULING, INC.			
Principal Place of Business 1052 WHITEFIELD ROAD FREEPORT, FL 32439 US		Mailing Address 1052 WHITEFIELD ROAD FREEPORT, FL 32439 US	
2. Principal Place of Business - No P.O. Box # 1052 Whitfield Rd.		3. Mailing Address 1052 Whitfield Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Freeport FL		City & State Freeport FL	
Zip 32439		Zip 32439	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent KELLY, BONNIE M 1052 WHITEFIELD RD. FREEPORT, FL 32439		7. Name and Address of New Registered Agent Name: Bonnie M. Kelly Street Address (P.O. Box Number is Not Acceptable) 1052 Whitfield Rd. City: Freeport FL Zip: 32439	
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>Bonnie M. Kelly</i> Bonnie M. Kelly 3-2-07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, DAVID M 1052 WHITEFIELD RD. FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kelly, David M 1052 Whitfield Rd. Freeport, FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KELLY, BONNIE M 1052 WHITEFIELD RD. FLORIDA, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Kelly, Bonnie M. 1052 Whitfield Rd. Freeport, FL 32439 <input checked="" type="checkbox"/> Change <input 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
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
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
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 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: <i>Bonnie M. Kelly</i> Bonnie M. Kelly 3-2-07 850-835- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	