2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90177 003 ***150.00 DOCUMENT # P03000123928 P.H.D. HAULING, INC. უყსიებას Principal Place of Business Mailing Address 1389 75TH AVENUE NORTH 1389 75TH AVENUE NORTH ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 CR2E034 (10/03) Chg-P City & State City & State Applied For FEI Number H32033 060 Not Applicable Country Country Zφ \$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 PERKINS-MORGAN, CANDIE Street Address (P.O. Box Number is Not Acceptable) 1389 75TH AVENUE NORTH ST. PETERSBURG, FL 33702 City Zip Code 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. Superture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Prisiderit 1011 ☐ Delete IIDF ■ Addition ☐ Chance CAndie Perkins -morgan STREET ADDRESS STREET ADDRESS St Petersburg FL 33702 CHY-S1-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Delete ☐ Change Addition Dennis J. morgan 1384 754 Are No. HAM NADAF STREET ADDRESS STREET ADDRESS St. Petersburg, the 33702 CITY-ST-ZIP CHY-SI-ZIP ☐ Delete IIIIF MHF ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete ME Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-SI-ZIP Detete 31111 III F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CISY-\$1-20P CHY-SI-7P

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12. Thereby 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 legat effect as if made under eath; 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.