2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

ANNOAL KLI OKI				_		\ T	
DOCUMENT # P03000134753 1. Entity Name JIM & JIM'S HAULING, INC.						Secreta	ary of Sta
Principal Plac 4355 43RD ST. PETERSE		Mailing Address 4355 43RD STREET N. ST. PETERSBURG, FL 33714			4 10/10 (11/6 10 /11 69 /11 61		1511 1 61 911/4 f11
DO NOT WRITE IN THIS SPA			CE	01092007 4. FEI Numb 55-085		CR2E034	
6. Name and Address of Current Registered Agent KASSIS, JIM Y 4355 43RD STREET N. ST. PETERSBURG, FL 33714					NOT W		
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 Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when rematating) (NOTE: Registered Agent alignature required when rematating)							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS				5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASSIS, JIM Y 4355 43RD STREET N. ST. PETERSBURG, FL 33714	ecrores					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
ITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS				DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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.

CICNATURE.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10,67 727-500 2198