2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 07, 2007
Secretary of State

DOCUMENT# P03000139662

Entity Name: CALVIN'S HAULING, INC.

Current Principal Place of Business:

1205 JOHNSON AVENUE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1205 JOHNSON AVENUE
BARTOW, FL 33830

New Mailing Address:

FEI Number: 20-0175705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCHENOUR, CALVIN
1205 JOHNSON AVENUE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COCHENOUR, CALVIN
Address: 1205 JOHNSON AVENUE
City-St-Zip: BARTOW, FL 33830

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: COCHENOUR, CALVIN
Address: 1205 JOHNSON AVENUE
City-St-Zip: BARTOW, FL 33830

Title: VPD ( ) Change (X) Addition
Name: COCHENOUR, MARK L
Address: 1205 JOHNSON AVENUE
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN COCHENOUR PSD 11/07/2007

Electronic Signature of Signing Officer or Director — Date