


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140286 1. Entity Name RIVER CITY HAULING, INC.	
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2436 OLSON LANE JACKSONVILLE, FL 32210	Mailing Address 2436 OLSON LANE JACKSONVILLE, FL 32210
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0712191	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent

WALKER, HENRY
2436 OLSON LANE
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, HENRY
STREET ADDRESS	2436 OLSON LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VD
NAME	PRATER, MONTE
STREET ADDRESS	2022 TICKFORD ROAD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	SD
NAME	WILLIAMS, LATOYA
STREET ADDRESS	2436 OLSON LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000431323
02/23/06-80024-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Henry L. Walker 2/10/06 (904) 693-0312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #