


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90082 024 ***150.00

DOCUMENT # P03000148891 1. Entity Name JOHN VERBECK HAULING, INC.					
Principal Place of Business 5200 BLOUNTS RIDGE RD MIMS, FL 32754			Mailing Address 5200 BLOUNTS RIDGE RD MIMS, FL 32754		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FFL Number <div style="font-size: 1.5em; font-family: cursive;">76-0748057</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03312005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VERBECK, JOHN 5200 BLOUNTS RIDGE RD MIMS, FL 32754				7. Name and Address of New Registered Agent Name ACCURATE ACCOUNTING Street Address (P.O. Box, etc.) OF TITUSVILLE, INC. 3910 S. WASHINGTON AVE., 101N TITUSVILLE, FL 32780 City FL 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. SIGNATURE: <div style="font-size: 1.2em; font-family: cursive;">John Verbeck</div> DATE: <div style="font-size: 1.2em; font-family: cursive;">4-12-05</div>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERBECK, JOHN 5200 BLOUNTS RIDGE RD MIMS, FL 32754	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby 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 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: <div style="font-size: 1.2em; font-family: cursive;">John Verbeck</div> DATE: <div style="font-size: 1.2em; font-family: cursive;">4-12-05</div>					