2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 08:00 AM

DOCUMENT # P03009151336 1. Entity Name MCDONALD HAULING INC			Secretary of State	
Principal Place of Business Mailing Address		· · · · · · · · · · · · · · · · · · ·]	
4488 LIME Marianna,		P 0 BOX 760 Geneva, Al 36340		
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\$1.47 2005				, , , , , , , , , , , , , , , , , , , ,
E	OO NOT WRITE	IN THIS SPA	CE	01062005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
1 6 8 8 7 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				20-0476807 Not Applicable
All Amelia		August 1		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent	American processor of the sales	A CONTRACTOR OF THE PARTY OF TH
ELLENBURG, LISA N 1136 ENGLISH LN			granden eine gestellige für gegebellige für gestellt gegeben gestellt gegeben	DO NOT WRITE
WESTVIL	LE, FL 32464	_		IN THIS SPACE
l				
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, byted or printed name of registered agent and title if applicable. (NOTE. Registered Agent algebraic required when reinstating) DATE				
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DI	RECTÓRS		
NAME	MCDONALD, ROGER D			
STREET ADDRESS CITY-ST-ZIP	4488 LIME ST MARIANNA, FL 32446		The state of the s	The state of the s
TITLE				3, 3, 1, 000000360001 33, 3, 1, 000000360001
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CITY-ST-ZIP			The state of the s	
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CITY-ST-ZIP			ar ingigatara filab	
TITLE NAME				
STREET ADDRESS CITY-ST-ZIP				
12. I heraby	pertify that the information supplied with the	s filing does not qualify for the exe		ction 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 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.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR