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Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90229 017 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000010263

1. Entity Name
HERNANDO HAULING INC.

66006441

Principal Place of Business	Mailing Address
9072 BYRON STREET SPRING HILL, FL 34606 US	9072 BYRON STREET SPRING HILL, FL 34606 US

02172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
NA	NA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 58-2621966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRUSE, ELAINE C 9072 BYRON STREET SPRING HILL, FL 34606	Name: FRANK S. PRUSE Street Address (P.O. Box Number is Not Acceptable): 9072 BYRON STREET City: SPRING HILL FL Zip Code: 34606

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: FRANK S. PRUSE [signature] 2/25/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DIR NAME: PRUSE, ELAINE C STREET ADDRESS: 9072 BYRON STREET CITY-ST-ZIP: SPRING HILL, FL 34606	☑ Delete	TITLE: President & CEO DIR NAME: FRANK S. PRUSE STREET ADDRESS: 9072 BYRON ST. CITY-ST-ZIP: SPRING HILL, FL 34606	☐ Change ☑ Addition
TITLE: DIR NAME: PRUSE, JON STREET ADDRESS: 9072 BYRON STREET CITY-ST-ZIP: SPRING HILL, FL 34606	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Elaine C. Pruse Elaine C. Pruse 2/25/05 352-684-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #