


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000019913 1. Entity Name T.W. HAULING, INC.		
Principal Place of Business 611 B.W. ROBERTS STREET QUINCY, FL 32351		Mailing Address 611 B.W. ROBERTS STREET QUINCY, FL 32351
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WASHINGTON, LIZZIE 611 B.W. ROBERTS STREET QUINCY, FL 32351		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 <u>Lizzie Washington</u> 04/24/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	WASHINGTON, TRAVIS	
STREET ADDRESS	611 B.W. ROBERTS STREET	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	VP	
NAME	WASHINGTON, LIZZIE	
STREET ADDRESS	611 B.W. ROBERTS STREET	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1219065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

48000053300
05/06/06-80121-017 150.00

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: Travis Washington 04/24/06 830-875-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Travis Washington