

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2007 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



04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number

57-1219065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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

*Lizzie Washington*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*04/26/07*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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:

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TITLE:  
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STREET ADDRESS:  
CITY - ST - ZIP:

U00000735907  
05/10/07-80053-007 150.00

**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:

*Travis Washington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/26/07*

DATE

*830-875-196*

DAYTIME PHONE #