## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # P04000026005 1. Entity Name REGGIE'S HAULING & LOADER SERVICE, INC. Principal Place of Business Mailing Address 12920 SAWMILL ROAD GROVELAND FL 34736 US 12920 SAWMILL ROAD **GROVELAND FL 34736** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 32-0106744 Not Applicable Zip Country Country \$8.75 Additional $\Box$ Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADGETT, REGINALD L Street Address (P.O. Box Number is Not Acceptable) 12920 SAWMILL ROAD **GROVELAND FL 34736** Zip Code City 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, typed or printed name of registered agent and little if applicable tNOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIHECTORS 11. Change Addition 🔲 TATLE ☐ Delete NAME NAME PADGETT, REGINALD L STREET ADDRESS 12920 SAWMILL ROAD STREET ADDRESS U00000485935 CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** 04/13/06-80017-006 150.00 Change Addition Delete TITLE 71777 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change TITLE Delcte TIDE NAME NAME STRULT AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Chance ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Bolete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C)TY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Section 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.

**FILED** 

SIGNATURE: Regulat & Product 3-27-06 352-429-2755