

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000087489

1. Entity Name
LOU'S HAULING SERVICE, INC.



FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90284 001 ***300.00

Principal Place of Business
222 E. TARPON AVENUE
TARPON SPRINGS, FL 34689

Mailing Address
222 E. TARPON AVENUE
TARPON SPRINGS, FL 34689



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1212725

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDIAKOS, ELIAS C
222 E. TARPON AVENUE
TARPON SPRINGS, FL 34689

**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

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, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LINDIAKOS, MANUEL N
STREET ADDRESS 222 E. TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE PVST
NAME DINDIAKOS, ELIAS C
STREET ADDRESS 222 E. TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS C. LINDIAKOS

Date

4-28-06 7272245528

Daytime Phone #