2007 FOR PROFIT CORPORATION

ANNUAL REPORT				FILED	
1. Entity Nam	MENT # P040009100 HAULING & HANDYMAN SEI	and the second		Apr 12, 2007 08:00 A Secretary of State	
Principal Plac 10120 SE 40 BELLEVIEW,	OTH, AVENUE	Mailing Address 10120 SE 40TH AVENUE BELLEVIEW, FL 34420 US		 	IN ARNA INTRENTA BENY BROG KANERI NI ICCI
					# 1111 1711 1811 1811 1111 11181 11 181
D	O NOT WRITE I	N THIS SPA	CE	02272007 No Chg-P 4. FEI Number 20-1235515 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent	<u> </u>		ree Required
	ANDY J 40TH AVENUE W, FL 34420			DO NOT W IN THIS SE	
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	red agent, or both, in the State of FI	orida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE: Registere	d Agent signature required	d when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees U00000	702897 80118-014 150.00
10.	OFFICERS AND DIR	ECTORS	,	L DAVEOURNI	MINITED OF C. LODINGS
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P D CRUM, RANDY J 10120 SE 40TH AVENUE BELLEVIEW, FL 34420				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D CRUM, JOAN M 10120 SE 40TH AVENUE BELLEVIEW, FL 34420				
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SI	PACE
NAME STREET ADDRESS CITY-ST-ZIP		 - 1			
TITLE & T	Υ	**	•	; ;	

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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4-10-2007 352 4842525 Date Dayling Phone #