

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000101491

FILED
Jun 01, 2006
Secretary of State

Entity Name: KNIGHTS HAULING OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

1889 POMEGRANATE COURT
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1889 POMEGRANATE COURT
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-1335988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHUBLALL, KEVIN
1889 POMEGRANATE CT
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHUBLALL, KEVIN
Address: 1889 POMEGRANATE CT
City-St-Zip: OCOE, FL 34761

Title: MD () Delete
Name: POWERS, THOMAS L
Address: 1889 POMEGRANATE CT
City-St-Zip: OCOE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: KHUBLALL, OPHELIA
Address: 1889 POMEGRANATE CT
City-St-Zip: OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN KHUBLALL

PD

06/01/2006

Electronic Signature of Signing Officer or Director

Date