

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



**DOCUMENT # P04000104449**

1. Entity Name  
**C & D HAULING, INC.**

FILED  
05 DEC 12 AM 10:40

Principal Place of Business 4730 69TH STREET WINTER BEACH FL 32971	Mailing Address POST OFFICE BOX 66 WINTER BEACH FL 32971
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2. Principal Place of Business <b>4730 69th St</b>	3. Mailing Address <b>Postoffice Box 66</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State <b>Winter Beach FL</b>	City & State <b>Winter Beach FL</b>
Zip <b>32971</b>	Zip <b>32971</b>
Country	Country

4. FEI Number <b>592-62-27-04</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HAMPTON, CHRIS  
4730 69TH STREET  
WINTER BEACH FL 32971**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Chris Hampton* DATE **12-8-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
DUE BY September 7, 2005  
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">D</td> <td style="width: 70%;">HAMPTON, CHRIS</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">4730 69TH STREET WINTER BEACH FL 32971</td> </tr> </table>	D	HAMPTON, CHRIS	<input type="checkbox"/> Delete	4730 69TH STREET WINTER BEACH FL 32971		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Change</td> <td style="width: 90%;"><input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>800060708358</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">12/20/05--01035--011 **200.00</td> </tr> </table>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<b>800060708358</b>		12/20/05--01035--011 **200.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Danielle Hampton* Date **9-29-05** Daytime Phone # **6333470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR