


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000125767**

1. Entity Name  
**LIBAR HAULING INC**



Principal Place of Business      Mailing Address

**1818 RIDGE VALLEY STREET**      **1818 RIDGE VALLEY STREET**  
**CLERMONT, FL 34711**      **CLERMONT, FL 34711**

**DO NOT WRITE IN THIS SPACE**



03082006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-1232079**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

**BUDHRAM, BHAGTRAJ**  
**1818 RIDGE VALLEY STREET**  
**CLERMONT, FL 34711**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUDHRAM, BHAGTRAJ 1818 RIDGE VALLEY STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACKHRANDILAL, LALITA R 1818 RIDGE VALLEY STREET CLERMONT, FL 34711
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03/21/06-80116-012 150.00

**DO NOT WRITE  
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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:** *Bhagtraj Budhrum*    **BHAGTRAJ BUDHRAM**      **3-8-2006**      **352-536-4183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #