




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90169 013 ***150.00

DOCUMENT # P04000126830 1. Entity Name ACE HAUL & DUMP, INC.					
Principal Place of Business 4615 5TH AVE NORTH SAINT PETERSBURG, FL 33713			Mailing Address 4615 5TH AVE NORTH SAINT PETERSBURG, FL 33713		
2. Principal Place of Business 4616 5th Ave North		3. Mailing Address 4616 5th Ave North			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04242006 Chg-P CR2E034 (11/05)	
City & State SAINT PETERSBURG FL		City & State SAINT PETERSBURG FL		4. FEI Number 20-1599576	
Zip 33713		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33713		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OGDEN, VINCENT E 4615 5TH AVE NORTH SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OGDEN, VINCENT E 4616 5th Ave North SAINT PETERSBURG FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OGDEN, GARY E 62 DOLPHIN DR. TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  GARY E. OGDEN			4/1/06 727-234-7555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		