

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90020 037 ***550.00

DOCUMENT # P04000127755 1. Entity Name INHERITANCE HAULING, INC.					
Principal Place of Business 531 JUPITER AVE. N.W. LAKE PLACID, FL 33852 US			Mailing Address 531 JUPITER AVE. N.W. LAKE PLACID, FL 33852 US		
2. Principal Place of Business 9254 BRIDLE PATH Suite, Apt. #, etc.		3. Mailing Address 9254 BRIDLE PATH Suite, Apt. #, etc.			
City & State SEBRING, FL Zip Country 33875 US		City & State SEBRING, FL Zip Country 33875 US		4. FEI Number 20-1598134 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HALE, SCOTT A 531 JUPITER AVE. N.W. 9254 BRIDLE PATH LAKE PLACID, FL 33852 SEBRING 33875			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 D,P <input type="checkbox"/> Delete NAME HALE, SCOTT A STREET ADDRESS 531 JUPITER AVE. N.W. CITY - ST - ZIP LAKE PLACID, FL 33852	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 9254 BRIDLE PATH STREET ADDRESS SEBRING, FL 33875 CITY - ST - ZIP				
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: SCOTT A. HALE D,P. Date: (763) 385-2001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					