

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90054 043 \*\*\*158.75

**DOCUMENT # P04000129775**

1. Entity Name  
**HEAVY HAULING OF CENTRAL FLORIDA INC.**



Principal Place of Business  
**12937 REAVES ROAD  
WINTER GARDEN, FL 34787**

Mailing Address  
**12937 REAVES ROAD  
WINTER GARDEN, FL 34787**

**66006155**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2150191**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SINGH, DOOWATEE  
12937 REAVES ROAD  
WINTER GARDEN, FL 34787**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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	VP SINGH, AMELA 12937 REAVES ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SINGH, DOOWATEE 12937 REAVES ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/06 407-654-0456**

Date

Daytime Phone #



ATTACHMENT  
66006155

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

HEAVY HAULING OF CENTRAL FLORIDA INC.  
12937 REAVES ROAD  
WINTER GARDEN, FL 34787

Subject: **HEAVY HAULING OF CENTRAL FLORIDA INC.**

Reference Number:

**P04000129775**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION