


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

05-21-2008 90028 021 ***150.00
P04000155356

FILED

08 NOV -5 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000155356 1. Entity Name CHARLIE BROWN'S HAULING & DEMOLITION, INC.	
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Principal Place of Business 37936 CARGILL WAY DADE CITY, FL 33523 US	Mailing Address P. O. BOX 1178 DADE CITY, FL 33526 US
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DO NOT WRITE IN THIS SPACE



04232008

REINSTATEMENT

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4. FEI Number 20-1874672	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

**BROWN, CHARLIE W
37445 ORANGE ROW LANE
DADE CITY, FL 33525**

**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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CHARLIE W 37445 ORANGE ROW LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, SANDRA A 37445 ORANGE ROW LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **11-2-2008 913-713-0887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #