


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000156196 1. Entity Name TOMMY'S HAULING, INC.					
Principal Place of Business 1190 SOUTH MAIN STREET WILDWOOD FL 34785			Mailing Address 1190 SOUTH MAIN STREET WILDWOOD FL 34785		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2024836	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent GOUGH, JAMES T 1190 SOUTH MAIN STREET WILDWOOD FL 34785				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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GOUGH, JAMES T 1190 SOUTH MAIN STREET WILDWOOD FL 34785	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD REDDING, JULIE A 1190 SOUTH MAIN STREET WILDWOOD FL 34785	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD REDDING, ROBERT WAYNE 1190 SOUTH MAIN STREET WILDWOOD FL 34785	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James T. Gough* **James T. Gough** *1/30/07* **352-748-1716**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

