

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000163854

1. Entity Name
D AND S HAULING OF CENTRAL FLORIDA, INC.



Principal Place of Business
**1091 PINE VIEW TRAIL
KISSIMMEE, FL 34747-1318 US**

Mailing Address
**1091 PINE VIEW TRAIL
KISSIMMEE, FL 34747-1318 US**



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1664394

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**PHALIN, LAWRENCE J
225 E. ROBINSON STREET
SUITE 600, TWO LANDMARK CENTER
ORLANDO, FL 32801**

**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

**000000767477
07/10/07-80006-019 158.75**

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
CRAMP, DAVID W III
1091 PINE VIEW TRAIL
KISSIMMEE, FL 347471318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
CRAMP, SHARON L
1091 PINE VIEW TRAIL
KISSIMMEE, FL 347471318**

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: David W. Cramp III **David W. Cramp III** **7/7/07** **407-3966830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #