

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AP)**

DOCUMENT # P04000168911

1. Entity Name

AUGUSTINE M. GONZALES HAULING, INC.



**FILED
May 18, 2005 8:00 am
Secretary of State**

04-20-2005 90320 019 ***150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business 5741 BRIARGATE LANE FORT PIERCE FL 34981	Mailing Address 5741 BRIARGATE LANE FORT PIERCE FL 34981		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip _____	Country _____	Zip _____	Country _____
6. Name and Address of Current Registered Agent GONZALES, CAROLINA T 5741 BRIARGATE LANE FORT PIERCE FL 34981		4. FEI Number 54-2163653 Applied For Not Applicable	
		5. Certificate of Status Desired □ \$8.75 Additional Fee Required	
		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

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

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
\$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP GONZALES, CAROLINA T 5741 BRIARGATE LANE FORT PIERCE FL 34981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Augustine M. Gonzales, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 (772) 464-9991
Date Daytime Phone #