## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000004721

Entity Name: A&T HAULING, RECYCLING INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
7006 9TH . TAMPA, F					
Current Mailing Address:			New Mailing Address:		
17508 WIL LUTZ, FL	LOW POND ( 33549	OR .			
FEI Number:	: 20-2130471	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	f New Registered Agent:	
RUSSO, D 17508 WIL LUTZ, FL	LOW POND I	DR			
	named entity e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Ag			ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( RUSSO, ALEX 17508 WILLO LUTZ, FL 335	W POND DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( RUSSO, CAITI 17508 WILLO LUTZ, FL 335	W POND DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC ( RUSSO, DAYN 17508 WILLO LUTZ, FL 335	W POND DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAYNA RUSSO SEC 01/11/2007