## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCI IMENIT # DOSODOOS 179



**FILED** Apr 23, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	E 2 GO HAULING, INC.			04-23-2007	7 90083 03	1 ***15	50.00		
Suite, Apt. 4, etc.   Suite	2989 OAK CREEK LANE		2989 OAK CREEK LANE		40075894					
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
20-2143970   Nor Applicable   S8.75 Additional	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007	Chg-P	CR2E034	(12/06)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address (P.O. Box Number is Not Acceptable)  8. The Address (P.O. Box Number is Not Acceptable)  9. Eaction Campaign Financing Title NOWILL FEL 32217  6. The Address (P.O. Box Number is Not Acceptable)  8. The Address (P.O. Box Number is Not Acceptable)  9. Eaction Campaign Financing Title NOWILL FEE IS \$150.00  9. Eaction Campaign Financing Thus Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/CHANGES TO OFFI	City & State		City & State				970		<del></del>	<del></del>
Name	Zip	Country	Zip	Coun	try					
STEET AURIES   STEE		6. Name and Address of Curre	nt Registered Agent	-	Name	7. Name and A	ddress of New R	legistered Ag	ent	
City	4465 BAY	E. TILLEY, P.A., CPA'S MEADOWS RD.								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Trust   Signature to introduction of inquisered agent entitled applicable   MOTE Registered Agent agenture marked when reviewang)   DATE		VILLE, FL 32217								
SIGNATURE    Signature tropics or project rand or a project and title if audication   NOTE Projectioned Agent signature required when revisitance	:				City			FL	Zip Cod	е
NOTE   Reputer   Note of promote stame of reportence Agent and refer   Note   Reputered Agent angreated where iteratived wh	8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	s register	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am fan	niliar with,	and accept
### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME NAME STREET ADDRESS CITY-ST-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIO	SIGNATURE_	Signature, typed or primed name of registerard and	ent and title if amplimants (NO)	IF Remitters	d Amerit eigneture remaine	ad when rejectations		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa	aign Finar	ncing\$5	5.00 May Be				
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	NAME STREET ADDRESS CITY-ST-ZIP			NAM Stre City	E ET ADDRESS - ST-ZIP					☐ Addition

indicated on this report or supplied with this himg does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

SIGN	ATU	IRE	•

WAltel TBrooks

Daytime Phone #