2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P05000033439

Entity Name: CENTRAL FLORIDA HAULING INC

Current Principal Place of Business:

11220 E. WISE LN
FLORAL CITY, FL 34436

New Principal Place of Business:

11220 EAST WISE LANE
FLORAL CITY, FL 34436

Current Mailing Address:

11220 E. WISE LN
FLORAL CITY, FL 34436

New Mailing Address:

11220 EAST WISE LANE
FLORAL CITY, FL 34436

FEI Number: 11-3745080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEED, DIANE E
11220 E. WISE LN
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

STEED, DIANE E
11220 EAST WISE LANE
FLORAL CITY, FL 34436 US

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.

SIGNATURE: DIANE E STEED 04/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEED, DONALD W
Address: 11220 E. WISE LN
City-St-Zip: FLORAL CITY, FL 34436

Title: VP ( ) Delete
Name: STEED, DIANE E
Address: 11220 E. WISE LN
City-St-Zip: FLORAL CITY, FL 34436

Title: VP ( ) Delete
Name: WILLIAMS, RUSSELL L
Address: 1308 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete
Name: WILLIAMS, JENNIFER C
Address: 1308 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STEED, DONALD W
Address: 11220 EAST WISE LANE
City-St-Zip: FLORAL CITY, FL 34436

Title: VP (X) Change ( ) Addition
Name: STEED, DIANE E
Address: 11220 EAST WISE LANE
City-St-Zip: FLORAL CITY, FL 34436

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DIANE E STEED VP 04/12/2007
Electronic Signature of Signing Officer or Director Date