


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90187 036 \*\*\*150.00

<b>DOCUMENT # P05000046298</b>	
1. Entity Name <b>HARDKNOX HAULING INC</b>	

Principal Place of Business <b>407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 US</b>	Mailing Address <b>407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4641 BARBADOS LOOP</b>	3. Mailing Address <b>4641 BARBADOS LOOP</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CLERMONT, FL</b>	City & State <b>CLERMONT, FL</b>
Zip <b>34711</b>	Country <b>U.S.A</b>

**40085489**



02052007 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0832130</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SINGH, KALAWATTIE 407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787</b>		
7. Name and Address of New Registered Agent Name <b>SINGH KALAWATTIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4641 BARBADOS LOOP</b> City <b>CLERMONT</b> FL Zip Code <b>34711</b>		

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 KALAWATTIE SINGH DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T SINGH, KALAWATTIE 407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T SINGH, KALAWATTIE 4641 BARBADOS LOOP CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGH, RANDEER 407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGH, RANDEER 4641 BARBADOS LOOP CLERMONT, FL 34711 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: Kalawattie Singh **KALAWATTIE SINGH** (321) 262-6435 Date: 02/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #