


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90024 043 \*\*\*150.00

<b>DOCUMENT # P05000050647</b>	
1. Entity Name <b>DROP BOX HAULING, INC.</b>	

Principal Place of Business <b>203 S. PARSONS AVENUE BRANDON, FL 33511</b>	Mailing Address <b>203 S. PARSONS AVENUE BRANDON, FL 33511</b>
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2. Principal Place of Business <b>504 AVOCADO CRL</b>	3. Mailing Address <b>504 AVOCADO CRL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BRANDON, FL</b>	City & State <b>BRANDON, FL</b>
Zip <b>33510</b>	Country <b>HILLBOROUGH</b>



4. FEI Number <b>20-2633634</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>PIERCE, M. WEBSTER 203 S. PARSONS AVENUE BRANDON, FL 33511</b>		7. Name and Address of New Registered Agent Name <b>RONALD R. PURCELL SR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>504 AVOCADO CRL</b> City <b>BRANDON</b> FL Zip Code <b>33510</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 *Ronald R. Purcell Sr.* DATE 07.07.06

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P PURCELL, RONALD R SR. 504 AVOCADO CIRCLE BRANDON, FL 33510</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PIERCE, CHRISTINE M 504 AVOCADO CIRCLE BRANDON, FL 33510</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PURCELL, CHRISTINE 504 AVOCADO CRL BRANDON, FL 33510</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MICHAEL BENNETT 1512 WHEELER RD. JEFFNER FL 33584</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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: *Christine Purcell* DATE 07.07.06

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

TO WHOM THIS MAY CONCERN:

ATTACHMENT

20078872

# D05000050647

I AM ASKING FOR MY LATE FEE TO BE WAIVED  
DUE TO THE FACT I DID NOT RECIEVE THE REPORT.  
MY OTHER COMPANY, LAYERS ASPHALT INC., DID NOT  
RECIEVE ONE EITHER I NOTIFIED YOUR OFFICE OF THIS  
ON BOTH COMPANIES. ~~THE~~ ONE WAS THEN RECIEVED AND  
THE OTHER STILL WASNT. ALSO MY DAUGHTER HAD A NEAR  
FATAL ACCIDENT + WAS HOSPITALIZED FOR A FEW WKS +  
WHEN WE BROUGHT HER HOME I WAS STILL HAVING TO  
GIVE HER MUCH CARE. I QUSS THROUGH IT ALL I'D  
FORGOTTEN ABOUT BE ABLE TO DOWNLOAD A FORM ON  
THE COMPUTER. NON THE LESS THOUGH I DID SPEAK  
WITH YOUR OFFICE + THEY WERE SENDING ME ~~ONE~~ ONE FOR  
BOTH COMPANIES. I STILL HADNT RECIEVED ONE FOR  
DROP BOX HAWLING. ONLY A DISSOLVING A CORPORATION  
NOTICE. I DONT UNDERSTAND WHAT HAPPENED. BUT  
MY COMPUTER IS BACK UP RUNNING + I CALLED YOUR  
OFFICE AGAIN TODAY, I WAS GOING TO DO IT ONLINE  
BUT WAS TOLD I ~~COULD~~ COULDN'T BECAUSE I DONT  
HAVE E-MAIL. WELL HERE IT IS + I APPRECIATE YOUR  
TIME + CONSIDERATION. IVE NEVER HAD THIS PROBLEM BEFORE  
+ HOPE NEXT YEARS NOT A REPEAT OF THIS YEAR.

THANK YOU,

CHRISTINE P.