

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90120 007 \*\*\*550.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                        |                                                                                                                        |                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000067927</b><br>1. Entity Name<br><b>GOC HAULING INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                        |                                                                                                                        |                                                                                                                              |  |
| Principal Place of Business<br><b>3109 S. MAIN ST<br/>MELBOURNE, FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                        | Mailing Address<br><b>3109 S. MAIN ST<br/>MELBOURNE, FL 32901</b>                                                      |                                                                                                                                                                                                               |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite Apt # etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | 3. Mailing Address<br>Suite Apt #, etc |                                                                                                                        |                                                                                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | City & State                           |                                                                                                                        | 4. FEI Number<br><b>20-2880033</b>                                                                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | Country                                |                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MARSHALL, CHRISTOPHER J<br/>3109 S. MAIN ST<br/>MELBOURNE, FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                        |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>Timothy W. Marshall</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3109 S. Main St</b><br>City <b>Melbourne</b> FL Zip Code <b>32901</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 _____ DATE _____<br><small>(Signature required for principal place of business of registered agent and if not applicable) (If CTE Registered Agent signature required add or restate name) (DATE)</small>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                        |                                                                                                                        |                                                                                                                                                                                                               |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 15, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>GLOVER, JOSEPH H III<br>3109 S. MAIN ST<br>MELBOURNE, FL 32901    |                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>MARSHALL, TIMOTHY W<br>3109 S. MAIN ST<br>MELBOURNE, FL 32901     |                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>MARSHALL, CHRISTOPHER J<br>3109 S. MAIN ST<br>MELBOURNE, FL 32901 |                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                        |                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                        |                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                        |                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 authorized 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 |                                                                        |                                        |                                                                                                                        |                                                                                                                                                                                                               |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                        |                                                                                                                        |                                                                                                                                                                                                               |  |