

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 22, 2006 8:00 am
Secretary of State

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| DOCUMENT # P05000078781 1. Entity Name N & D HAULING OF CENTRAL FLORIDA INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 709 PERIWINKLE POINTE PLACE SEFFNER, FL 33584 US | | | Mailing Address 709 PERIWINKLE POINTE PLACE SEFFNER, FL 33584 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 6806 Bloomfield Grove Pl. | | 3. Mailing Address 6806 Bloomfield Grove Pl. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Seffner Florida | | City & State Seffner, Florida | | 4. FEI Number 20-2928928 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33584 | | Country U.S.A | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33584 | | Country U.S.A | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent HORRIL, RESHEERAM 709 PERIWINKLE POINTE PLACE SEFFNER, FL 33584 | | | | 7. Name and Address of New Registered Agent Name Resheeram Horrill Street Address (P.O. Box Number is Not Acceptable) 6806 Bloomfield Grove Place City Seffner | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 RESHEERAM HORRIL <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HORRIL, RESHEERAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>709 PERIWINKLE POINTE PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEFFNER, FL 33584</td> <td></td> </tr> </table> | | | | TITLE | PTS | <input checked="" type="checkbox"/> Delete | NAME | HORRIL, RESHEERAM | | STREET ADDRESS | 709 PERIWINKLE POINTE PLACE | | CITY-ST-ZIP | SEFFNER, FL 33584 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P.T.S</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Resheeram Horrill</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6806 Bloomfield Grove Place</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Seffner, FL 33584</td> <td></td> </tr> </table> | | TITLE | P.T.S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Resheeram Horrill | | STREET ADDRESS | 6806 Bloomfield Grove Place | | CITY-ST-ZIP | Seffner, FL 33584 | |
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| 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: Resheeram Horrill <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 3/20/06 <small>Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |