2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 08:00 AN Secretary of State

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DOCUMENT # P05000078781					Secretary or Sta
1. Entity Name N & D HAULING OF CENTRAL FLORIDA INC					
THE DINSERTO OF SENTIAL FEORIDA INC					
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Principal Place of Business		Mailing Address			
6806 Bloomfield Grove P Seffner, Fl 33584 US	'L	6806 BLOOMFIELD GROVE PL SEFFNER, FL 33584 US			
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DO NO	F WRITE	IN THIS SPA	CE"	4. FEI Number	Applied For
		*	He .	20-2928928	Not Applicable
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* ,			5. Certificate of Status Des	red S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			; , ,		
HORRIL RESHEERAM		•		TO NOT	و مشرعین پیش پر این
6806 BLOOMFIELD GROVE PL			,1	DO NOT	WRITE
SEFFNER, FL 33584				IN THIS	SPACE
			36.	3.114 11110	DI AOL
				A Commence of the Commence of	
 The above named entity sub the obligations of registered 	omits this statement for th	e purpose of changing its register	ed office or register	ed agent, or both, in the State	of Florida. I am familiar with, and accept
the obligations of registered	agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ed Agent signature required	red when reinstating) DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			.00 May Be ed to Fees		
Arter May 1, 2008 F	98 WIII D8 \$55U.UU	ridat i dila communiti.	Add	ed to rees	
10.	OFFICERS AND DIF	RECTORS		et also have	Control of the second
TITLE PTS NAME HORRIL, RES	HEEDAM			ate 1 No. Option	
'	FIELD GROVE PL				• • • • • • • • • • • • • • • • • • • •
CITY-ST-ZIP SEFFNER, FL					
TITLE			Market St.		1000869250
NAME STREET ADDRESS			., .	. _{70,} 104709/	/08-80042-003 150.00
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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/enpowered 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: 2

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