2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000120087

FILED Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90078 038 ***150.00

DOCUMENT # P05000120987 1. Entity Name BIG BOB'S HAULIN' JOB'S INC.								04-21-2008	3 90078 0	38 ***1	50.00
Principal Place of Business Mailing Address											
3202 W ROGI		3202 W ROGERS AVE Tampa, Fl. 33611 US									
TAMPA, FL 33611 US TAMPA, FL 33611 US							1	. SION SININ SSRIN SSRIN SSRIN			1981: II 1981
2. Principal Pl	lace of Business	3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			04082008	Chg-P	CR2E034	4 (12/06)	
City & State	9 -	City & State				4. FEI Numbe 20-422				plied For t Applicable	
Žip	Country		Zip	Zip (try 5. Certificate of Status Desired		of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
FARRELL, ROBERT E III						Name					
3202 W ROGERS AVE						Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33611											
		i.				City			FL	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)							I when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS		11.	· · · ·	ADDITIONS/	CHANGES TO OFFI			
TITLE NAME					TITUS NAM				!	☐ Change	Addition
STREET ADDRESS	3202 W ROG	ERS AVE				ET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 3	33611		_		-ST-ZIP				☐ Change	☐ Addition
TITLE NAME					TITLE NAM	ŀ				□ Cuan8c	C Addition
STREET ADDRESS						ET ADDRESS -ST-ZIP					
CITY - ST - ZIP	TAMPA, FL 33611 CITY									☐ Change	Addition
NAME				0000	NAM	E		•		- •	
STREET ADDRESS CITY - ST., ZIP		_				ET ADDRESS - ST-ZIP			~		
TITLE				☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS					NAM	ET ADDRESS					Ì
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	☐ Addition
NAME Street Address					NAM STRE	E ET ADORESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				Delete	TITLI NAM	!				☐ Change	Addition
NAME STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP		***				-ST-ZIP					
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.											