

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000151701	
1. Entity Name ALLEN HAULING INCORPORATED	
Principal Place of Business 1609 BELL SHOALS RD. BRANDON, FL 33511 US	Mailing Address 1609 BELL SHOALS RD. BRANDON, FL 33511 US



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3786274	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, TRACY E
1609 BELL SHOALS RD
BRANDON, FL 33511**

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN, TRACY E
STREET ADDRESS	1609 BELL SHOALS RD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	BAKER, NORMA J
STREET ADDRESS	1609 BELL SHOALS RD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	PALACIOS, LEO JR
STREET ADDRESS	10914 RODEO LANE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-08

813-870-1440