

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90362 004 ***150.00

DOCUMENT # P05000152978			
1. Entity Name HADDEN TRUCKING INCORPORATED			
Principal Place of Business - 5 NORTH EGRET STREET SEBRING, FL 33872 US		Mailing Address 5 N ORTH EGRET STREET SEBRING, FL 33872 US	
2. Principal Place of Business - No P.O. Box # 4735 Adrienne St.		3. Mailing Address 4735 Adrienne St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebring, FL		City & State Sebring, FL	
Zip 33872		Country USA	
4. FEI Number 20-3801999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDEN, CHRIS W 5 NORTH EGRET STREET SEBRING, FL 33872		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4735 Adrienne St. City Sebring FL Zip Code 33872	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADDEN, CHRIS W 5 NORTH EGRET STREET SEBRING, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HADDEN, DANA J 5 NORTH EGRET STREET SEBRING, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<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 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: <u>Dana J. Hadden</u> VP <u>Dana J. Hadden</u> VP <u>3/8/07</u> <u>863-381-9643</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			