## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000155927

Entity Name: J & K MILLS HAULING, INC.

FILED Apr 15, 2007 Secretary of State

	iner o a remin	LOTINGENTO, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
11825 HARRINGTON ROAD FOUNTAIN, FL 324382317 US				12235 HARRINGTON ROAD FOUNTAIN, FL 324382317 US		
Current N	lailing Addres	ss:	New Maili	New Mailing Address:		
11825 HARRINGTON ROAD FOUNTAIN, FL 324382317 US				12235 HARRINGTON ROAD FOUNTAIN, FL 324382317 US		
FEI Number	: 33-1125333	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	d Address of (	Current Registered Agent:	Name and	l Address o	f New Registered Agent:	
	PATSY E RRINGTON RO N, FL 3243823					
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electron	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( MILLS, KIMBE 11825 HARRIN FOUNTAIN, FL	GTON ROAD	Title: Name: Address: City-St-Zip:	MILLS, KIME 12235 HARI	(X) Change ()Addition BERLY F RINGTON ROAD FL 324382317	
Title: Name: Address: City-St-Zip:	V ( MILLS, JERRY 11825 HARRIN FOUNTAIN, FL	GTON ROAD	Title: Name: Address: City-St-Zip:		(X) Change ()Addition RY G RINGTON ROAD FL 324382317	
Title: Name: Address: City-St-Zip:	T ( ADAMS, RAY 11909 HARRIN FOUNTAIN, FL		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ADAMS, PATS' 11909 HARRIN FOUNTAIN, FL	GTON ROAD	Title: Name: Address: Citv-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY F. MILLS PRES 04/15/2007