## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY+ST-ZIP

NAME Street address

CITY-ST-ZIP

## FILED Apr 10, 2006 8:00 am Secretary of State

☐ Change

Addition

	71117					•			
1. Entity Nan	MENT # P05000160 REEK HAULING, INC.	04-10-2006 90314 003 ***150.00							
Principal Plac	ce of Business	Mailing Address			- 61	025074			
	ONG CREEK COVE	265 EAST LONG CREEK ( LONGWOOD, FL 32750	nnnean1.4						
1					litan amii bala badii cali	I II NO PORTUGUI E E INCHES E E E E E E E E E E E E E E E E E E	100 H 11 1041		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132006	Chg-P	CR2E034 (11/05)			
City & Stat	te	City & State		4. FEI Numbe	20-3926	- 11 (2)	plied For t Applicable		
Zip	Country	Zip	Country	5 Certificate o	of Status Desired	\$8.75 Add			
				_1		Fee Require			
	6. Name and Address of Current I	Registered Agent	Nama	7. Name and	Address of New Re	egistered Agent			
JARVIS E	RICHARD L		Name						
,	LONG CREEK COVE		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
LONGWO	OD, FL 32750								
				FL Zip Code					
8. The above	named entity submits this statemant for	the purpose of changing its re	egistered office or regis	tered agent, or both	, in the State of Flo	rida. I am familiar with,	and accept		
the obligat	tions unregistered agent,								
SIGNATURE.	1				·				
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: (	Registered Agent signature requi	ired when reinstating)		DATE			
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		5.00 May Be dded to Fees					
10.	OFFICERS AND I		11.	ADDITIONS/0	HANGES TO OFFI	CERS AND DIRECTORS	S IN 11		
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition		
NAME	JARVIS, RICHARD L		NAME						
STREET ADDRESS	265 LONG CREEK COVE	• !	STREET ADDRESS						
CITY-ST-ZIP	LONGWOOD, FL 32750	<u>·</u>	CITY-ST-ZIP		<del></del> .				
TITLE	VP ,	☐ Delete	TITLE			☐ Change	☐ Addition		
name Street address	HALE, SHERRY L		NAME						
CITY-ST-ZIP	265 LONG CREEK COVE LONGWOOD, FL 32750		STREET ADORESS CITY-ST-ZIP						
	8				****	П съ	C Andres		
TITLE NAME	HALE, SHERRY L	☐ Delete	TITLE NAME			Change	☐ Addition		
STREET ADDRESS	I with the contract of								
	265 LONG CREEK COVE		STREET ADDRESS				1		
CITY-ST-ZIP	265 LONG CREEK COVE LONGWOOD, FL 32750		STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP		☐ Delete				☐ Chance	☐ Addition		
	LONGWOOD, FL 32750	☐ Delete	CITY-ST-ZIP		<del></del>	☐ Change	☐ Addition		
TITLE	LONGWOOD, FL 32750	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition		
TITLE NAME	LONGWOOD, FL 32750 T HALE, SHERRY L	☐ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	☐ 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.

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:	Shew L.	Hale	(Sherry	L. Hale)	4-2	2-06	407-702-7942
SIGNATURE: Jale (Sherry L. Hale) SIGNATURE: SIGNATURE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR						Date	Daytme Phone #