


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000168048		
1. Entity Name HAULWAY TRUCKING, INC		
Principal Place of Business 6894 LAKE WINONA RD DELEON SPRINGS, FL 32130		Mailing Address 6894 LAKE WINONA RD DELEON SPRINGS, FL 32130
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JONES, ROBIN M 6894 LAKE WINONA RD DELEON SPRINGS, FL 32130		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000948349 06/02/08-80049-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, CRAIG A 1301 BAYVIEW DRIVE #8 FT LAUDERDALE, FL 33304	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, ROBIN M 6894 LAKE WINONA RD DELEON SPRINGS, FL 32130	
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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>Robin Jones</u> ROBIN JONES		5/1/08 3869855563
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>