

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90083 038 ***150.00

DOCUMENT # P06000017269 1. Entity Name SHELBYCO. HAULING, INC.			
Principal Place of Business 27503 WEST FIRST AVENUE HILLIARD, FL 32046		Mailing Address 27503 WEST FIRST AVENUE HILLIARD, FL 32046	
2. Principal Place of Business - No P.O. Box # 27194 Dump Truck Lane		3. Mailing Address P.O. Box 780	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hilliard, FL		City & State Hilliard, FL	
Zip 32046		Zip 32046	
Country Nassau		Country Nassau	
4. FEI Number 03-0579951		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 ORENDER, JANINE A 540223 US 1 CALLAHAN, FL 32011		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOKES, JOYCE M 27503 WEST FIRST AVENUE HILLIARD, FL 32046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stokes, Joyce M P.O. Box 780 Hilliard, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOKES, ROY C 27503 WEST FIRST AVENUE HILLIARD, FL 32046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stokes, Roy C P.O. Box 780 Hilliard, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.			
SIGNATURE: <i>Joyce M. Stokes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1-9-08 Daytime Phone #: 904-838-1065	