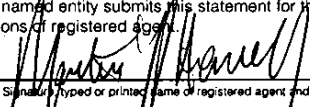



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90069 023 \*\*\*150.00

DOCUMENT # P06000017804			
1. Entity Name M J HANEY TRUCKING, INC.			
Principal Place of Business 2755 COLONIAL BLVD #103 FT MYERS, FL 33907		Mailing Address 2755 COLONIAL BLVD #103 FT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 3615 SW 7th Ave Suite, Apt. #, etc.		3. Mailing Address 3615 SW 7th Ave Suite, Apt. #, etc.	
City & State Cape Coral FL		City & State Cape Coral FL	
Zip 33914	Country Lee	Zip 33914	Country Lee
4. FEI Number 20-4339079		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 HANEY, MARTIN J 1914 SE 12TH ST. CAPE CORAL, FL 33990-1861		7. Name and Address of New Registered Agent Name Martin J Haney Street Address (P.O. Box Number is Not Acceptable) 3615 SW 7th Ave City Cape Coral FL Zip Code 33914	
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 		DATE 4.30.07	
<p><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b></p>		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	PD HANEY, MARTIN J 2755 COLONIAL BLVD #103 FT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Haney, Martin J 3615 SW 7th Ave Cape Coral FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		DATE: 4.30.07 3307147680	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Martin J Haney PD		Date Daytime Phone #	