


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P06000017970 1. Entity Name R.I.S. HAULING INC	
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Principal Place of Business 148 SANDAL WOOD DRIVE KISSIMMEE, FL 34743	Mailing Address 148 SANDAL WOOD DRIVE KISSIMMEE, FL 34743
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**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4266450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SURUJBALLY, RITA  
148 SANDALWOOD DRIVE  
KISSIMMEE, FL 34743

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable (DATE)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000962948  
 04/08/08-80050-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SURUJBALLY, ISHWAR D 148 SANDALWOOD DRIVE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T SURUJBALLY, RITA 148 SANDALWOOD DRIVE KISSIMMEE, FL 34743
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Rita Surubally RITA SURUJBALLY 3-19-08 (407) 452-3022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #