

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2007 8:00 am
Secretary of State

04-30-2007 90865 015 ***150.00

DOCUMENT # P06000034823 1. Entity Name RAY ULATOWSKI HAULING, INC.					
Principal Place of Business 6695 TREEHAVEN DR SPRING HILL, FL 34606			Mailing Address 6695 TREEHAVEN DR SPRING HILL, FL 34606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01152007 Chg-P CRZE034 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 41-2120718	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ULATOWSKI, JAMES R 6695 TREEHAVEN DR SPRING HILL, FL 34606			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 resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$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 ULATOWSKI, JAMES R 6695 TREEHAVEN DR SPRING HILL, FL 34606 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PIPKINS, JERRY 6695 TREEHAVEN DR SPRING HILL, FL 34606 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ULATOWSKI, MICHELLE L 6695 TREEHAVEN DR SPRING HILL, FL 34606 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: <i>James R. Ulatowski</i> <i>James R. Ulatowski</i> 4-26-07 (352) 6845733 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #					