

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90172 034 ***150.00

DOCUMENT # P06000074507	
1. Entity Name CURBSIDE HAULING, INC.	

Principal Place of Business 6655 BOUGAINVILLE AVENUE SOUTH ST. PETERSBURG, FL 33707 US	Mailing Address 6655 BOUGAINVILLE AVENUE SOUTH ST. PETERSBURG, FL 33707 US
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40049717



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. # etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2596135		Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIENER, MELISSA A 6655 BOUGAINVILLE AVENUE SOUTH ST. PETERSBURG, FL 33707		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 reinstating) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIENER, MELISSA A	NAME	
STREET ADDRESS	6655 BOUGAINVILLE AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIENER, KOREY J	NAME	
STREET ADDRESS	6655 BOUGAINVILLE AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 fee empowered.

SIGNATURE: Melissa Diener **3/26/07** **727-343-5794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #