## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**FILED** Apr 19, 2007 8:00 am Secretary of State

Principal Place of Business T2153 SW 481H TERRACE LAKE BUTLER F1 32054  2. Principal Place of Pusiness - No P.O. Box of J. Mailing Address Subs. Apr. 4, etc.   02250007	DOCUMENT # P06000088403  1. Entity Name CD'S HAULING OF N FLORIDA INC					04-19-2007	90414 007 ***1	50.00	
12153 SW 48TH TERRACE LAKE BUTLER, R. 32054  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite. Apr. #, etc.   Suite. Apr. #, etc.   O2252007	Principal Place of Business		Mailing Address	1		U 1 * -			
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Cry & State    City & State   City & State   Country   Country   Special Country   S	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Zip Country Zip Country Sip S. Certificate of Satus Desired   \$3.75 Additional Fee Required   \$3.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252007	Chg-P	CR2E034 (12/06)		
S. Gerintean of Status Desired   Fee Required   Fee	City & State		City & State		4. FEI Numb	488124	<del></del>		
COLETREE CONNIE 12153 SW 48TH TERRACE LAKE BUTLER, FL 32054  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 Rosida. Lam familiar with, and accept the obligations of registered agent agent.  SIGNATURE    Stream, tiped or order name of ingrit and lam familiar with, and accept the obligations of registered agent.	Zip	,		Country			Fee Require		
Street Address (P.O. Box Number is Not Acceptable)	<u>-</u>	6. Name and Address of Current	t Registered Agent	Name	7. Name and	Address of New Re	egistered Agent		
After May 1, 2007 Fee will be \$550.00  TITLE									
S. 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   Signat									
B. 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 agent and self applicable.  SIGNATURE  SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE STREET ADDRESS OF TRUST From Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I III.E MAKE SIREET ADDRESS OTH'S 1-2P  COLETTREE, CONNIE 12153 SW 48TH TERRACE LAKE BUTLER, FL 32054  ITILE NAME SIREET ADDRESS OTH'S 1-2P  ITILE NAME SIREET ADDRESS OTH'S 1-				City	City FL Zip Code				
SIGNATURE    Signature, typeed or pointed name of registered agent and late of apolicable. (NOTE Registered Agent signature recurred when rematang)   DATE	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								
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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:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #