

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094491

Entity Name: JAG HAULING CORP

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

4897 CYPRESS WOODS DR
6206
ORLANDO, FL 32811

New Principal Place of Business:

2119 LAKE DEBRA DR
1321
ORLANDO, FL 32835

Current Mailing Address:

4897 CYPRESS WOODS DR
6206
ORLANDO, FL 32811

New Mailing Address:

2119 LAKE DEBRA DR
1321
ORLANDO, FL 32835

FEI Number: 20-5230063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONCALVES, JOAO A
4897 CYPRESS WOODS DR
6206
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

GONCALVES, JOAO A
2119 LAKE DEBRA DR
1321
ORLANDO, FL 32835 US

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.

SIGNATURE: JOAO ALFREDO GONCALVES

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONCALVES, JOAO A
Address: 4897 CYPRESS WOODS DR #6206
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: GONCALVES, JOAO A
Address: 4897 CYPRESS WOODS DR #6206
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: GONCALVES, JOAO A
Address: 4897 CYPRESS WOODS DR #6206
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONCALVES, JOAO A
Address: 2119 LAKE DEBRA DR #1321
City-St-Zip: ORLANDO, FL 32835

Title: S (X) Change () Addition
Name: GONCALVES, JOAO A
Address: 2119 LAKE DEBRA DR #1321
City-St-Zip: ORLANDO, FL 32835

Title: T (X) Change () Addition
Name: GONCALVES, JOAO A
Address: 2119 LAKE DEBRA DR #1321
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAO ALFREDO GONCALVES

OFFI

04/14/2008

Electronic Signature of Signing Officer or Director

Date