2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 21, 2008 8:00 am Secretary of State DOCUMENT # P07000039781 07-21-2008 90031 029 ***150.00 1. Entity Name INNERCOASTAL HAULING INC. Principal Place of Business Mailing Address 40111166 5855 89TH AVE NORTH 5855 89TH AVE NORTH PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 🖫 4TH FLOOR MIAMI, FL 33145 8. The above named entity submits this statement for the purpose of changing its registered office or egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. James. SIGNATURE. signature required when reinstating? 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change Addition TITLE TITI F GARDNER, JAMES L JR NAME NAME 5855 89TH AVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE GARDNER, DEBORAH A NAME NAME STREET ADDRESS STREET ADDRESS 5855 89TH AVE NORTH CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK, FL 33782 ☐ Addition TITE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 addres

SIGNATURE

1-17-08