

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90180 038 ***150.00

DOCUMENT # P07000039940 1. Entity Name GOTTA GO HAULING, INC.																																					
Principal Place of Business 3861 NW 102 TERR. CORAL SPRINGS, FL 33065			Mailing Address 3861 NW 102 TERR. CORAL SPRINGS, FL 33065																																		
2. Principal Place of Business - No P.O. Box # 3861 NW 102 AVE		3. Mailing Address 3861 NW 102 AVE																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State CORAL SPRINGS FLA		City & State CORAL SPRINGS FLA		4. FEI Number 20-8779438																																	
Zip 33065		Country BROWARD		Applied For <input type="checkbox"/> Not Applicable																																	
Zip 33065		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent ROBERTS, RICHARD 3861 NW 102 TERR. CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																	
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 <u><i>Richard Roberts</i></u> (NOTE: Registered Agent signature required when re-registering) DATE _____																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees -																																		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
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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: <u><i>Richard Roberts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					
<small>Date Daytime Phone #</small>																																					