

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091737

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: NJP TRANSPORTING & HAULING INC.

**Current Principal Place of Business:**

169 SUMMIT ASHWAY  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 915262  
LONGWOOD, FL 327915262

**New Mailing Address:**

FEI Number: 26-3493964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIROZZI, NEIL  
169 SUMMIT ASHWAY  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PIROZZI, NEIL  
Address: 169 SUMMIT ASHWAY  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: PIROZZI, VICKI  
Address: 178 STERLING SPRINGS LN  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NEIL PIROZZI

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date