

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000273

FILED
Apr 30, 2009
Secretary of State

Entity Name: LRH HAULING, INC.

Current Principal Place of Business:

415 SW BEYOND CT.
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

415 SW BEYOND CT.
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 26-4075269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, THOMAS
415 SW BEYOND CT.
LAKE CITY, FL 32024 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: D () Delete
Name: PERSONETTE, JEFFREY
Address: 13016 SW 89TH ST.
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: PERSONETTE, TAWNYA
Address: 13016 SW 89TH ST.
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: MCDONALD, THOMAS
Address: 415 SW BEYOND CT.
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: MCDONALD, MARSHA
Address: 415 SW BEYOND CT.
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PERSONETTE, JEFFREY
Address: 13016 SW 89TH ST.
City-St-Zip: LAKE BUTLER, FL 32054

Title: S (X) Change () Addition
Name: PERSONETTE, TAWNYA
Address: 13016 SW 89TH ST.
City-St-Zip: LAKE BUTLER, FL 32054

Title: P (X) Change () Addition
Name: MCDONALD, THOMAS
Address: 415 SW BEYOND CT.
City-St-Zip: LAKE CITY, FL 32024

Title: T (X) Change () Addition
Name: MCDONALD, MARSHA
Address: 415 SW BEYOND CT.
City-St-Zip: LAKE CITY, FL 32024

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: THOMAS J MCDONALD

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date