

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000045629

1. Entity Name
T & M HAULING, INC.



FILED
Sep 13, 2005 08:00 AM
Secretary of State

Principal Place of Business
4101 LAKE LOCKHART DR
ORLANDO, FL 32810 US

Mailing Address
4101 LAKE LOCKHART DR
ORLANDO, FL 32810 US



09072005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3250221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGARRY, MELODY
4101 LAKE LOCKHART DR
ORLANDO, FL 32810

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGARRY, MELODY
STREET ADDRESS	4101 LAKE LOCKHART DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	VD
NAME	MCGARRY, THOMAS
STREET ADDRESS	4101 LAKE LOCKHART DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/13/05-80001-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Melody McGarry / Melody McGarry 9/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
407-295-4780