## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT FILED** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P94000074550 1. Entity Name C & E HAULAGE, INC. Principal Place of Business Mailing Address 12483 68TH ST N 12483 68TH ST N WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0527192 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPENCE, ELAINE V. DO NOT WRITE 5890 DEWBERRY WAY WEST PALM BEACH, FL 33417 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if epplicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SPENCE, COURTNEY F STREET ADDRESS 12483 68TH ST. NORTH U00000530729 05/06/06-80010-012 150.00 CITY-ST-ZIP WEST PALM BEACH, FL 33412 TITLE SPENCE, ELAINE V NAME STREET ADDRESS 12483 68TH ST. NORTH WEST PALM BEACH, FL 33412 CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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.

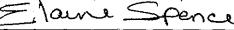
SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP



SPENCE ELAINE

Applied For

Not Applicable

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR