

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90347 016 \*\*\*150.00

**DOCUMENT # P94000092837**

1. Entity Name

H & M TRUCKING AND HAULING, INC.



Principal Place of Business

1340 N MANGONIA DR  
WEST PALM BEACH, FL 33401

Mailing Address

1340 N MANGONIA DR  
WEST PALM BEACH, FL 33401



04262004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0514845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BULLARD, ARTHUR  
1344 N MANGONIA DR  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOOKER, HUGH
STREET ADDRESS	1340 N MANGONIA DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	STD
NAME	BOOKER, MARIAN
STREET ADDRESS	1340 N MANGONIA DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Hugh D. Booker* *Hugh D. Booker* 4-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #