

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90034 047 ***158.75

DOCUMENT # P95000096811

1. Entity Name

CENTER CITY HAULING & EXCAVATING, INC.



Principal Place of Business

2530 CLIFFDALE STREET
OCOE FL 34761
US

Mailing Address

2530 CLIFFDALE STREET
OCOE FL 34761
US

2. Principal Place of Business

345 West Main Street

3. Mailing Address

345 W. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FLORIDA

City & State

Apopka, FLORIDA

Zip

32712

Country

U.S.A.

Zip

32712

Country

U.S.A.

4. FEI Number

59-3350567

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHARAJ, GANGA
2530 CLIFFDALE STREET
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MAHARAJ, GANGA PERSAD	
STREET ADDRESS	2530 CLIFFDALE DRIVE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MAHARAJ, DEOMATI	
STREET ADDRESS	2530 CLIFFDALE DRIVE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Ganga P. Maharaj
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

Date

407-832-5905

Daytime Phone #