


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90151 007 \*\*\*150.00

<b>DOCUMENT # P97000024586</b>	
1. Entity Name <b>ROSE'S HAULING, INC.</b>	

Principal Place of Business <b>2981 NE 12TH TERRACE POMPANO BEACH, FL 33064</b>	Mailing Address <b>2981 NE 12TH TERRACE POMPANO BEACH, FL 33064</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>4513 N. DIXIE HWY</b>	3. Mailing Address <b>4513 N. DIXIE HWY</b>
Suite, Apt. #, etc. <b>37</b>	Suite, Apt. #, etc. <b>37</b>

City & State <b>POMPANO BEACH FL</b>	City & State <b>POMPANO BEACH FL</b>
Zip <b>33064</b>	Zip <b>33064</b>
Country	Country

04232008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0733346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>ROSE, ALBERT G 2981 NE 12TH TERRACE POMPANO BEACH, FL 33064</b>	
---	--

7. Name and Address of New Registered Agent	
Name <b>ALBERT G. ROSE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4513 N. DIXIE HWY #37</b>	
City <b>POMPANO BEACH</b>	FL Zip Code <b>33064</b>

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: Albert G. Rose DATE: 4-30-08  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSE, ALBERT G 2981 NE 12TH TERRACE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSE, ALBERT G 4513 N. DIXIE HWY #37 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Albert G. Rose Albert G. Rose President DATE: 4-30-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #