



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000030405</b>		
1. Entity Name <b>PELONI PUMPING &amp; PORTABLE TOILETS, INC.</b>		

Principal Place of Business <b>825 NE DREW RD LAKE CITY, FL 32055</b>	Mailing Address <b>825 NE DREW RD LAKE CITY, FL 32055</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3444866</b>	Applied For 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		7. Name and Address of New Registered Agent	
<b>PELONI, ROBERT 825 NE DREW RD LAKE CITY, FL 32055</b>		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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELONI, ROBERT</b>	NAME	
STREET ADDRESS	<b>825 NE DREW RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	CITY-ST-ZIP	
P <input type="checkbox"/> Delete		P <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PELONI, CHARLES</b>	NAME	
STREET ADDRESS	<b>825 NE DREW RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	CITY-ST-ZIP	
VP <input type="checkbox"/> Delete		VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PELONI, FREDRICK</b>	NAME	
STREET ADDRESS	<b>825 NE DREW RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	CITY-ST-ZIP	
S <input type="checkbox"/> Delete		S <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PELONI, CLIFTON</b>	NAME	
STREET ADDRESS	<b>825 NE DREW RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **7/16/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #