2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 04, 2004 8:00 am Secretary of State

DOCUMENT # P98000050827 1. Entity Name H. B. HAULING INC.						1	06-04-200	04 90003 (034 ***1	150.00
Principal Place	e of Business	Mailir	ng Address			4				
Principal Place of Business 2202 FULTON WAY S.W. LARGO, FL 33774			2202 FULTON WAY S.W. LARGO, FL 33774		, .			54	1056	717
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2. Principal Pri	tace of Business 15 AS Above	0	iling Address] [4] [4][6]] [6][7] [4][7] [4][7]			
Boile, Apr.	#, 8to.	301	te, Apt. #, etc.			03202003	Chg-P	CR2E034	(10/03)	
City & State		City	City & State		4. FEI Number 59-3513			<u> </u>	olied For Applicable	
Zip	Country	Zip	,	Coun	try	5. Certificate o	f Status Desired		8.75 Addi e Required	
	6. Name and Address of Cu	rrent Register	red Agent			7. Name and A	Address of New Re	gistered Ag	ent	
BHAGWAN	NDIN, HARRIPAUL	÷.	a aa	٠	Name					
	TON WAY S.W.		Street Address ((P.O. Box Number is Not Acceptable)				
•	¥.	4		l		•				
		, 	•		City			FL	Zip Code	,
	named entity submits this staten tions of registered agent.	ent for the pur	pose of changing its	registere	ed office or registe	ered agent, or both	, in the State of Flor	rida. I am fan	niliar with, a	and accept
SIGNATURE										
	Signature, typed or printed name of registers	ed agent and title if ar	oplicable. (NOTE:	: Registere	d Agent signature require	ed when reinstating)		DATE		
	LE NOW!!! FEE IS \$150.	005								
, Di	ue by September 8, 200		9. Election Campaig Trust Fund Contr	_	~ _ +*	5.00 May Be ded to Fees	In accordance w corporation did r	ith s. 607.19 not receive t	93(2)(b), F the prior n	F.S., the otice.
10.	ue by September 8, 200		Trust Fund Contr	_	~ _ +*	ded to Fees	In accordance w corporation did r CHANGES TO OFFI	not receive t	the prior n	otice.
10.	OFFICER	A AND DIRECT	Trust Fund Contr	ibution.	Add	ded to Fees	corporation did r	ot receive t	the prior n	otice.
10. TITLE NAME	OFFICER P BHAGWANDIN, HARRIPAI	A AND DIRECT	Trust Fund Contr	11.	Add	ded to Fees	corporation did r	ot receive t	the prior n	otice.
10.	OFFICER P BHAGWANDIN, HARRIPAI 2202 FULTON WAY S.W.	A AND DIRECT	Trust Fund Contr	11. TITLE	Add	ded to Fees	corporation did r	ot receive t	the prior n	otice.
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signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

HB HAULING INC. 2202 FULTON WAY SW LARGO, FL 33774

Request taken by: vingram 05-10-2004

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

To it Dept of State,

Nel- 127 647 4596

vingram 5.10.04 about this hate payment the ocason why it is late because I don't have assest to a computor as yet. I am atill dorn's brun'ess the old way I know around every may. This payment is the but did not recive a stortment. I was told by vingram that a letter was send out to pay on line. I then repush this form that were sent out to the 5.12021. I am sending a choth of 150 and was told to write this letter so the late ger can be vare and to be you know the reson why I am take of fee there keep sending on n about mail I very you thank you.

ATTACHMENT

FOR PROFIT CORPORATION

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		DITE IN THIS C			
	DU NOI V	RITE IN THIS S		5405	7,717
2. Principal P	lace of Business	3. Mailing Address		2/04	W 1 1
2202 Suite, Apt.	#, etc.	Acy 2202 Fulto. Suite, Apt. #, etc.	N WAY, S.W	DO NOT WRITE IN TH	HIS SPACE
<u> </u>		City & State		4. FEI Number	Applied For
LAR	Go . F1	LARGO FI	,	593513832	Not Applicable
3377	Country	33774	Country LL: S:A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name	7. Name and Address of Current Regist	ered Agent
	- DO NO	T WRITE	Street Address (P.O. Box Number is Not Acceptable)	
negoria (negoria (- IN THE	S SPACE			
		and the second s	City		Zip Code
		statement for the purpose of changing it	s registered office or register	ed agent, or both, in the State of Florida. I a	
the obligat	tions of registered agent.		,		
SIGNATURE	Signature, typed or printed name of i	registered agent and title if applicable. (NO	TE: Registered Agent signature required	when reinstating) DA	TE
Jai	nuary 1 - May 1 Fee is : After May 1, Fee is \$55			9. Election Campaign Financing	\$5.00 May Be
	Amended UBR is \$61 Payable to Florida Dep	artment of State		Trust Fund Contribution.	Added to Fees
10.	OFF O-parts +	ICERS AND DIRECTORS	TITLE		
NAME	H.B. HALL	ile in	NAME		
STREET ADDRESS CITY-ST-ZIP	2202 Fu. HOA	WAU SULLARDA	STREET ADDRESS CITY - ST - ZIP		
TITLE	President H.B. HAULI 1202 Fultor	FI 22774	me		
NAME STREET ADDRESS		11.33/14	NAME STREET ADDRESS	diagnos aprendianos se dan 1864 se aprendia de la Arguna se nomis	Allegan Town or the Control of the C
CITY-ST-ZIP			CHY-ST-ZIP		
NAME			NAME		
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TITLE			CITY-ST-ZIP		
NAME			NAME STREET ADDRESS		
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TITLE NAME			TITLE		
STREET ADDRESS			STREET ADDRESS		A CONTRACTOR OF THE STATE OF TH
12. I hereby	certify that the information :	supplied with this filing does not qualify	CITY-ST-ZIP for the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I furthe	r certify that the information
indicated of the co	t an thin connect or autoalorse	ental report is true and accurate and that trustee empowered to execute this rep	t mu cianatura chall hava tha	same legal effect as if made under oath; th i07, Florida Statutes; and that my name ap	at I am an officer or director pears in Block 10 or on an
	(141)			/2 n	7647 4596
SIGNAT	IUKE: SIGNATURE	AND TYPED OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone #

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR