

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000050827**

1. Entity Name  
**H. B. HAULING INC.**



**FILED  
Apr 28, 2008 8:00 am  
Secretary of State**

04-28-2008 90364 014 \*\*\*150.00

Principal Place of Business  
**2202 FULTON WAY S.W.  
LARGO, FL 33774**

Mailing Address  
**2202 FULTON WAY S.W.  
LARGO, FL 33774**

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

04182008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BHAGWANDIN, HARRIPAUL  
2202 FULTON WAY S.W.  
LARGO, FL 33774**

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 re-instateing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P**  
NAME **BHAGWANDIN, HARRIPAUL**  
STREET ADDRESS **2202 FULTON WAY S.W.**  
CITY-ST-ZIP **LARGO, FL 33774**

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  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:** *Harripaul Bhagwandin* **4/28/08** **727-6474596**  
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR Date Daytime Phone #