

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069325

Entity Name: ACCURATE HAULING, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

1345 OLD PONDELLA ROAD
N FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1345 OLD PONDELLA ROAD
N FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0949845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUCK, ROBERT
1345 OLD PONDELLA RD
N FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUCK, ROBERT
Address: 1345 OLD PONDELLA ROAD
City-St-Zip: N FORT MYERS, FL 33903

Title: VP () Delete
Name: ANTONACCI, MICHAEL
Address: 1345 OLD PONDELLA ROAD
City-St-Zip: N FORT MYERS, FL 33903

Title: S () Delete
Name: RUCK, ROSE
Address: 1345 OLD PONDELLA RD
City-St-Zip: N FORT MYERS, FL 33903

Title: T () Delete
Name: ANTONBERG, TINA
Address: 1345 OLD PONDELLA RD
City-St-Zip: N FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ANTONACCI

VP

04/27/2004

Electronic Signature of Signing Officer or Director

Date