

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000084165			
1. Entity Name J & L HAULING GROUP, INC.		FILED 04 SEP 23 AM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business RT 4 BOX 7 BRANFORD, FL 32008		Mailing Address 319 NE GOLD DUST ROAD BRANFORD, FL 32008 US	
2. Principal Place of Business 319 NE Gold Dust Road		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Branford FL		City & State	
Zip 32008		Country	
Country Lafayette		Zip	
4. FEI Number 59-3600940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SULLIVAN, LEE E 319 NE GOLD DUST ROAD BRANFORD, FL 32008		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME SULLIVAN, LEE E	TITLE P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Sullivan, Lee E
STREET ADDRESS RT 4 BOX 7	CITY-ST-ZIP BRANFORD, FL 32008	STREET ADDRESS 319 NE Gold Dust Road	CITY-ST-ZIP Branford FL 32008
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Sullivan, Johnny
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 319 NE Gold Dust Road	CITY-ST-ZIP Branford FL 32008
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Lee E. Sullivan</i>		386/935-4553	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
LEE E. Sullivan		Daytime Phone #	

JR