



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # V03672 1. Entity Name ARROWHEAD HEAVY HAULING, INC.																																											
Principal Place of Business 62 HIGHWAY 40 W INGLIS, FL 34449 US		Mailing Address POST OFFICE BOX 1396 INGLIS, FL 34449 US																																									
DO NOT WRITE IN THIS SPACE		 05072008 No Chg-P CR2E034 (11/05)																																									
		4. FEI Number 59-3101365	Applied For <input type="checkbox"/> Not Applicable																																								
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent PISCITELLI, MIKE 500 E. BROWARD BLVD. STE. 1850 FT. LAUDERDALE, FL 33394		DO NOT WRITE IN THIS SPACE																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																											
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PTS</td></tr><tr><td>NAME</td><td>BACHSCHMIDT, WILLIAM J</td></tr><tr><td>STREET ADDRESS</td><td>P.O. BOX 1396 N/A</td></tr><tr><td>CITY - ST - ZIP</td><td>INGILS, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	PTS	NAME	BACHSCHMIDT, WILLIAM J	STREET ADDRESS	P.O. BOX 1396 N/A	CITY - ST - ZIP	INGILS, FL	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="text-align: left; margin-bottom: 20px;">U00000951531 06/04/08-80039-010 158.75</div> DO NOT WRITE IN THIS SPACE	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/14/08</u> Daytime Phone # <u>352-447-5488</u>																																									