## **2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000053726

Entity Name: HBAA HAULING SERVICE INC

**Current Principal Place of Business:** 

5376 NW WISK FERN CIRCLE PORT SAINT LUCIE. FL 34986

**Current Mailing Address:** 

5376 NW WISK FERN CIRCLE PORT SAINT LUCIE, FL 34986

FEI Number: 83-1010341 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOSTER, HAROLD T 5376 NW WISK FERN CIRCLE PORT ST LUCIE, FL 34986 US

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

FILED Mar 17, 2020

**Secretary of State** 

2563349352CC

Officer/Director Detail:

Title G Title O

Name FOSTER, HAROLD T Name FOSTER, HAROLD T

Address 5376 NW WISK FERN CIRCLE Address 5375 NW WISK FERN CIRCLE

City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34986

Title CEO Title COO

Name FOSTER, HAROLD T Name FOSTER, HAROLD T

Address 5376 NW WISK FERN CIRCLE Address 5376 NW WISK FERN CIRCLE

City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34986

Title CIO Title T

Name FOSTER, HAROLD T Name FOSTER, HAROLD T

Address 5376 NW WISK FERN CIRCLE Address 5376 NW WISK FERN CIRCLE
City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: HAROLD FOSTER

Electronic Signature of Signing Officer/Director Detail

CEO

03/17/2020