

**2019 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: No**

**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

**Officer/Director Detail :**

Title G  
Name FOSTER, HAROLD T  
Address 5376 NW WISK FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34986

Title O  
Name FOSTER, HAROLD T  
Address 5375 NW WISK FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34986

Title CEO  
Name FOSTER, HAROLD T  
Address 5376 NW WISK FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34986

Title COO  
Name FOSTER, HAROLD T  
Address 5376 NW WISK FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34986

Title CIO  
Name FOSTER, HAROLD T  
Address 5376 NW WISK FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34986

Title T  
Name FOSTER, HAROLD T  
Address 5376 NW WISK FERN CIRCLE  
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**

**CEO**

**06/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date