


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90862 001 *****8.75
 05-03-2004 90862 002 ***150.00

DOCUMENT # P01000104261

1. Entity Name
TAD'S HAULING INC.



Principal Place of Business. **3501 LAKD OAKS DR
 APT 105
 TAMPA, FL 33624**

Mailing Address **3501 LAKD OAKS DR
 APT 105
 TAMPA, FL 33624**

66418233



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

03172004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number **59-3751286**
 Applied For Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NIERWINKI, TADEUSZ W
 3501 LAND OAKS DR
 APT 105
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent
 Name **TADEUSZ W. NIERWINSKI**
 Street Address (P.O. Box Number is Not Acceptable)
3501 LAND OAKS DR. #105
 City **TAMPA** FL Zip Code **33624**

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 *Tadeusz Nierwinski* **TADEUSZ NIERWINSKI** DATE **3/17/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIERWINSKI, TADEUSZ 3501 LAND OAKS DR APT 105 TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADEUSZ W. NIERWINSKI 3501 LAND OAKS DR. #105 TAMPA, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Tadeusz Nierwinski* **TADEUSZ NIERWINSKI** **PRESIDENT** DATE **3/17/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR