


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90439 006 ***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**

20042071



2. Principal Place of Business
5750 WEST IRVING CT

3. Mailing Address
⇒ SAME

Suite, Apt. #, etc.

04182006 Chg-P CR2E034 (11/05)

City & State
MONOSASSA, FL

City & State

4. FEI Number
59-3751286

Applied For
 Not Applicable

Zip
34448

Country

Zip
 Country

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

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

7. Name and Address of New Registered Agent
 Name
NIERWINSKI, TADEUSZ W
 Street Address (P.O. Box Number is Not Acceptable)
5750 WEST IRVING CT
 City
MONOSASSA FL Zip Code
34448

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* **REG. AGENT** **04/18/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5750 WEST IRVING CT MONOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tadeusz Nierwinski* **TADEUSZ NIERWINSKI**
PRES. **04/18/06 352-628-1381**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #