

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 02, 2005 8:00 am
Secretary of State

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1. Entity Name
EARL DAGIT HAULING, INC.

20017739



02212005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3518286** Applying For Not Applicable

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

Principal Place of Business
**17317 MONTEVERDE DRIVE
 SPRING HILL, FL 34610**

Mailing Address
**17317 MONTEVERDE DRIVE
 SPRING HILL, FL 34610**

2. Principal Place of Business
 Suite, Apt. # etc.

3. Mailing Address
 Suite, Apt. # etc.

City & State

City & State

Zip Country

Country

Zip Country

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAGIT, PATRICIA A
 17317 MONTEVERDE DRIVE
 SPRING HILL, FL 34610**

NAME
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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 **D** Delete
 NAME **DAGIT, EARL E**
 STREET ADDRESS **17317 MONTEVERDE DRIVE**
 CITY-STATE-ZIP **SPRING HILL, FL 34610**

TITLE **PRES** Change Addition
 NAME **Patricia A Dagit**
 STREET ADDRESS **17317 Monteverde Dr**
 CITY-STATE-ZIP **Spring Hill, Fl 34610**

TITLE **D** Delete
 NAME **DAGIT, PATRICIA A**
 STREET ADDRESS **17317 MONTEVERDE DRIVE**
 CITY-STATE-ZIP **SPRING HILL, FL 34610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true, or 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 a 1 other like empowered

SIGNATURE: Patricia A Dagit 2/28/05 227-856-9327
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA A. DAGIT