

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90263 019 ***150.00

DOCUMENT # 505301 1. Entity Name CLIFF'S SEPTIC TANK SERVICE, INC.					
Principal Place of Business 18441 HARD ROCK RD P.O. BOX 10567 BROOKSVILLE, FL 34601 US			Mailing Address 18441 HARD ROCK RD P.O. BOX 10567 BROOKSVILLE, FL 34601 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SARTOR, J.R. 24010 CROOM ROAD BROOKSVILLE, FL 34601		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 _____ 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, 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	PD		TITLE	☐ Change ☐ Addition	
NAME	SARTOR, JOHN R ☐ Delete		NAME		
STREET ADDRESS	24010 CROOM OAD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SARTOR, JOHN R JR		NAME		
STREET ADDRESS	15041 MIDDLE FAIRWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34609		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SARTOR, JASON M		NAME		
STREET ADDRESS	114 S MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>John R. Sartor Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			42404 352-796-4540 Date Daytime Phone #		