**2008 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## **DOCUMENT # 536799**

1. Entity Name

CITY-ST-ZIP

ACME SEPTIC TANK OF JACKSONVILLE, INC.

|  |   |  |                                  | 7  |  |                      |                           |  |
|--|---|--|----------------------------------|--|--|----------------------|---------------------------|--|
| Puncipal Pla   | te of Business  | Mailing Address  |                                  | ****   |  |                      |                           |  |
| 638 CARLTON STREET<br>P.O. BOX 9434<br>JACKSONVILLE FL 32208   |   | 638 CARLTON STREET<br>P.O. BOX 9434<br>JACKSONVILLE FL 32208 |                                  |  |  |                      |                           |  |
| 2. Principal l   | Place of Business - No P.O. Box #   | 3. Mailing Address   |                                  |  | 101 01160 14110 01111 18010 18118 1811 01911 81815   | AYDYI BIBII BSBII DI |                           |  |
| Suite, Apl. #, etc.  |   | Suite, Apt. #, etc.  |                                  | 15   | 1st MOORE CR2E034 (10/07)                            |                      |                           |  |
| City & State   |   | City & State   |                                  | 4. FEI Numb  | <sup>per</sup> 59-1753462                            |                      | polied For of Applicable  |  |
| Zıp  | Country   | Zrp  | Country                          | 5. Certificate                                     | e of Status Desired                                  | \$8.75 Ad            | ditional                  |  |
|  | 6. Name and Address of Curren   | t Registered Agent   |                                  | 7. Name and  | d Address of New Registered                          | Agent                |                           |  |
|  |   |  | Name                             |  | •  |                      |                           |  |
| SRESOVICH, LUKE<br>638 CARLTON STREET<br>JACKSONVILLE FL 32208 |   |  | Street Addres                    | Street Address (P.O. Box Number is Not Acceptable) |  |                      |                           |  |
| JAC  | MODINVILLE FL 32206   |  |                                  |  |  |                      |                           |  |
|  |   |  | City                             |  | FL   | Zip Cod              | de                        |  |
| 8. The apove   | named entity submits this statement   | for the purpose of changing its                              | registered office or regis       | stered agent, or bo                                | otn, in the State of Florida. I am                   | familiar with        | , and accept              |  |
| the obliga   | tions of registered agent.  |  |                                  |  |  |                      |                           |  |
| SIGNATURE  | <u></u>   |  |                                  |  |  |                      |                           |  |
|  | Signature, typed or printed Hamit of registered ages  | •  | E Pagisterad Agent eignolum requ | nited when reinstabligt                            | DATE   |                      | ****                      |  |
| After  | FILE NOW!!! FEE IS \$150.00<br>May 1, 2008 Fee Will Be \$550.0<br>k Payable to Florida Department | 0 ( ) [ ]  |                                  |  | Election Campaign Financ<br>Trust Fund Centribution. |                      | .00 May Be<br>led to Fees |  |
| 10.  | OFFICERS ANI  |  | 11.                              | ADDITIONS  | CHANGES TO OFFICERS AND                              | D DIRECTOR           | RS IN 11                  |  |
| TITLE  | PD  | ☐ Derete   | TITLE                            |  | Brer   | ☐ Change             | Addition                  |  |
| NAME   | SRESOVICH, LUKE D.  |  | NAME                             |  |  |                      |                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                  | 638 CARLTON ST.<br>JACKSONVILLE FL  |  | STREFT ADDRESS CITY+ST-ZIP       |  |  |                      |                           |  |
| TITLE  | STD   | ☐ Derete   | TITLE                            |  |  | ☐ Change             | ☐ Addition                |  |
| NAME   | SRESOVICH, MARTHA A.  | ∑ De-ele   | NAME                             |  | U0000089683 <b>4</b>                                 |                      |                           |  |
| STREET ADDRESS   | 1   |  | STREET ADDRESS                   |  | 04/25/08-80025-6                                     | 009 150              | .00                       |  |
| OITY-ST-ZIP  | JACKSONVILLE FL   |  | CITY-ST-ZIP                      |  |  |                      |                           |  |
| TITLE<br>NAME  | VD  | De ete   | TITLE                            |  |  | Change               | Addition                  |  |
| STREET ADDRESS   | SRESOVICH, EMMETT L<br>638 CARLTON ST   |  | NAME<br>STREET ADDRESS           |  |  |                      |                           |  |
| CITY+ST-ZIP  | JACKSONVILLE FL 32208   |  | CITY-ST-ZIP                      |  |  |                      |                           |  |
| TITLE  |   | ☐ Delete   | TITLE                            |  |  | Change               | ☐ Addition                |  |
| NAME<br>CTREET AREPERO   |   |  | NAME                             |  |  |                      |                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                  |   |  | STREET ADDRESS CITY-ST-ZIP       |  |  |                      |                           |  |
| TIFLE  |   | ☐ Delete   | TITLE                            |  |  | ☐ Change             | Acdition                  |  |
| NAME   |   |  | NAME                             |  |  | , .                  |                           |  |
| STREET ADDRESS   |   |  | STREET ADDRESS                   |  |  |                      |                           |  |
| CITY-ST-ZIP  |   | <b>—</b> —   | CITY-S1-ZIP                      |  |  |                      |                           |  |
| TITLE<br>NAME  |   | ☐ Delete   | TITLE<br>NAME                    |  |  | Change               | Addition                  |  |
| STREET ADDRESS   |   |  | STREET ADDRESS                   |  |  |                      |                           |  |

**FILED** Apr 14, 2008 08:00 Al Secretary of State

|              | <b>                                   </b> |                    | 41511 27677   67511   617 |                             |
|--------------|--|--------------------|---------------------------|-----------------------------|
| 15           | t MOORE                                    | CR2E03             | 4 (10/07)                 |                             |
| FEI Numb     | 59-17534                                   | 62                 |                           | oplied For<br>of Applicable |
| Certificate  | of Status Desired                          | d 🗆                | \$8.75 Add                |                             |
| Name and     | d Address of Nev                           | v Registered       | Agent                     |                             |
| Box Numb     | er is Not Accepta                          | ible)              |                           |                             |
|              |  |                    |                           |                             |
|              |  | Fl                 | Zip Cod                   | e                           |
| igent, or bo | ith, in the State of                       | Florida. I am      | familiar with,            | and accept                  |
| rein tatu gl |  | DATE               | ·                         |                             |
| es am V      | 9. Election Can                            |                    | oina <b>C</b> E           | 00 May Be                   |
|              |  | Centribution.      |                           | ed to Fees                  |
| SMOITICO     | /CHANGES TO C                              | FFICERS AN         |                           | S IN 11                     |
|              |  |                    | ☐ Change                  | ☐ WOOTHOR                   |
|              |  |                    |                           |                             |
|              | <u>U00</u> 00                              | 0896834<br>-80025- | Change                    | Addition                    |
|              | 04/25/08                                   | -80025-            | 009 150.                  | .00                         |
|              |  |                    | ☐ Change                  | Addition                    |
|              |  |                    |                           | ĺ                           |
|              |  |                    | Change                    | Addition                    |
|              |  |                    |                           |                             |
|              |  |                    | ☐ Change                  | Acdition                    |
|              |  |                    |                           |                             |
|              |  |                    | Change                    | T Amelia an                 |
|              |  |                    | □ cusnge                  | Addition                    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature snall have the same logal 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.

CITY - ST - ZIP

Martha A. Sresovich, Daythale Phone #