


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

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90003 033 \*\*\*150.00

<b>DOCUMENT # P07000021547</b>		
1. Entity Name <b>ABE SEPTIC SERVICE INC.</b>		
Principal Place of Business <b>2805 HIGHWAY 60 WEST MULBERRY FL 33860</b>		Mailing Address <b>P. O. BOX 311 NICHOLS FL 33863-0311</b>



2. Principal Place of Business - No P.O. Box # <b>2805 Hwy 60 W</b>	3. Mailing Address <b>PO Box 311</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>Mulberry, FL</b>	City & State <b>Nichols, FL</b>	4. FEI Number <b>77-0670762</b>	Applied For <input type="checkbox"/>
Zip <b>33860</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>33863</b>	Country <b>USA</b>		

6. Name and Address of Current Registered Agent <b>GRAINGER, KELSEY 2805 HIGHWAY 60 WEST MULBERRY FL 33860</b>		7. Name and Address of New Registered Agent Name <b>Kelsey Grainger</b> Street Address (P.O. Box Number is Not Acceptable) <b>2805 Hwy 60 W</b> City <b>Mulberry</b> <input checked="" type="checkbox"/> <b>FL</b> Zip Code <b>33860</b>	
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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 *Kelsey Grainger* **Kelsey Grainger**  **2-4-08**  
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, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GRAINGER, KELSEY L</b>		NAME	
STREET ADDRESS <b>P. O. BOX 311</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NICHOLS FL 33863</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GRAINGER, APRIL A</b>		NAME	
STREET ADDRESS <b>P. O. BOX 311</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NICHOLS FL 33863</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Kelsey Grainger* **Kelsey Grainger** **2-4-08** <sup>863</sup> **688-0681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #