2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 05, 2004 8:00 am Secretary of State DOCUMENT # P93000008841 1. Entity Name 05-05-2004 90212 049 ***150 00 SEPTIC AND SEWER, INC. Principal Place of Business Mailing Address 13110 RICKENBACKER PKWY FORT MYERS FL 33913 ZAUDJJUW 13110 RICKENBACKER PKWY FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-0392800 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 13110 RICKENBACKER PARKWAY FORT MYERS FL 33913 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE □ Delete TITLE ☐ Change Addition CASTER, DAVID J. NAME NAME 13110 RICKENBACKER PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME WARNER, JIMMY R. NAME STREET ADDRESS 13110 RICKENBACKER PARKWAY STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME CASTER, JANET A NAME STREET ADDRESS STREET ADDRESS 13110 RICKENBACKER PARKWAY CITY-ST-ZIE CITY-ST-ZIP FORT MYERS FL 33913 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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:

OFFICER OR DIRECTOR

FILED