

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90235 047 ***150.00

DOCUMENT # **P94000021283**

1. Entity Name

SEWAGE SERVICES, INC.



Principal Place of Business

995 LAKE HARBOR DR. 1070#C
SAFETY HARBOR FL 34695

Mailing Address

995 LAKE HARBOR DR.
SAFETY HARBOR FL 34695



2. Principal Place of Business - No P.O. Box #

1070#C Harbor Lake Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Safety Harbor, FL

Suite, Apt. #, etc.

City & State

34695

City & State

Zip

Country

Pinellas

Zip

Country

4. FEI Number

59-3230002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 by 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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
ESKEW, WALTER
995 LAKE HARBOR DR. 1070#C
SAFETY HARBOR FL 34695

TITLE
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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:

Walter Eskew Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07
Date

727 726-2244
Daytime Phone #