2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # 254245 Secretary of State 1. Entity Name AAA SEPTIC TANK COMPANY Mailing Address Principal Place of Business 465 N RANGE RD COCOA FL 32926 465 N RANGE RD COCOA FL 32926 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-0971506 Nat Applicat Zia Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RENFROE, DONALD Street Address (P.O. Box Number is Not Acceptable) 4375 RECTOR RD **COCOA FL 32926** Zip Code FI 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 herne of registered agent and title if applicable. (NOTE Registered Agent signature required when revistating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. me ☐ Change Addition 🔲 ☐ Delete TITLE PTVS NAME RENFROE, DONALD NAME STREET ADDRESS 4375 RECTOR RD. STREET ADDRESS 1000001464178 CITY-ST-ZIP COCOA FL CITY-ST-ZIP 150.00<u>03./21./06/80102-021</u> ☐ Chance ☐ Addition ☐ Delete TIDE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition 717LE Cotete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition MLE ☐ Detete TITLE Change MAARE NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change Addition MLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CULY-ST-7/P Oelele TITLE ☐ Change ☐ Addition 717) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

2/28/02

FILED