


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 011 ***150.00

DOCUMENT # 567261 1. Entity Name LEE SEPTIC TANK AND CRANE SERVICE, INC.					
Principal Place of Business 2111 TOWLES STREET P.O. BOX 865 FT MYERS, FL 33902			Mailing Address 2111 TOWLES STREET P.O. BOX 865 FT MYERS, FL 33902		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City & State		City & State		4. FEI Number 59-1813498	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAN NETTA, JO ANNE N 1433 SAN JUAN AVE FT MYERS, FL 33902			7. Name and Address of New Registered Agent Name William D. Van Netta Street Address (P.O. Box Number is Not Acceptable) 5701 SW 9th Ct. City Cape Coral		
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.			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 <u><i>William D. Van Netta</i></u>			SIGNATURE <u><i>William D. Van Netta</i></u>		
Signature, typed or printed name of registered agent and title if applicable.			Signature, typed or printed name of registered agent and title if applicable.		
(NOTE: Registered Agent signature required when reinstating)			(NOTE: Registered Agent signature required when reinstating)		
DATE <u>4-11-05</u>			DATE <u>4-11-05</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			\$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 STD VAN NETTA, JO ANNE N 1433 SAN JUAN AVE FT MYERS, FL 33901			TITLE NAME STREET ADDRESS CITY-ST-ZIP ST Linda Markley 121 NE 6th Pl. Cape Coral, FL 33909		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD VAN NETTA, WILLIAM D 5701 SW 9TH CT. CAPE CORAL, FL 33914			TITLE NAME STREET ADDRESS CITY-ST-ZIP ST Linda Markley 121 NE 6th Pl. Cape Coral, FL 33909		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		
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: <u><i>William D. Van Netta</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4-11-05</u>					
Daytime Phone #					