
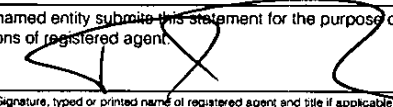
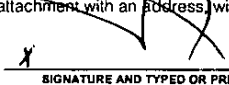


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90112 005 ***150.00

DOCUMENT # 632583 1. Entity Name PENCE SOUTH BREVARD SEWER & SEPTIC TANKS, INC.					
Principal Place of Business 3115 DIXIE HWY NE PALM BAY, FL 32905 US			Mailing Address PO BOX 060101 PALM BAY, FL 32906-0101 US		
2. Principal Place of Business 3160 Dixie Hwy NE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Bay FL		City & State		4. FEI Number 59-1946135	
Zip 32905		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENCE, ROY 3115 DIXIE HIGHWAY, N.E. PALM BAY, FL 32905			7. Name and Address of New Registered Agent Name Pence, Roy Street Address (P.O. Box Number is Not Acceptable) 3160 Dixie Hwy NE City Palm Bay FL Zip Code 32905		
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:  Roy Pence Vice-Pres 3/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PENCE, HERSCHEL 3115 DIXIE HWY NE PALM BAY, FL 32905	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENCE, ALENE 3115 DIXIE HWY NE PALM BAY, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENCE, ROY 3115 DIXIE HWY NE PALM BAY, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Roy Pence 3/24/06 (321) 723-6107 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					