

2008. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90012 008 ***150.00

DOCUMENT # F06000002002

1. Entity Name

STORMVILLE SEPTIC CARE PRODUCTS, INC.



Principal Place of Business

**6615 41ST STREET CIR E
SARASOTA FL 34243**

Mailing Address

**P O BOX 1024
TALLEVAST FL 34270**

50002519



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

6615 41st Street CIR E

3. Mailing Address

P.O. Box 1024

Suite, Apt. #, etc.

SARASOTA, FL

Suite, Apt. #, etc.

TALLEVAST, FL

City & State

SARASOTA, FL

City & State

TALLEVAST, FL

Zip
34243

Country
USA

Zip
34270

Country
USA

1st MOORE

CR2E034 (10/07)

4. FEI Number
14-1783105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSKOWITZ, ARNOLD
6615 41 STRET CIR E
SARASOTA FL 34243**

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

ARNOLD MOSKOWITZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSC
MOSKOWITZ, ARNOLD
6615 41ST CIR E
SARASOTA FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 employees.

SIGNATURE: ARNOLD MOSKOWITZ

A. Moskowitz

Date

4/11/08

Daytime Phone #

941-309-3946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR