2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 A Secretary of State

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1. Entity Name

BURNEY'S SEPTIC TANK SERVICE, INC.



Principal Place of Business

Mailing Address

C/O JACKSON B BURNEY 24 PELLICER LANE SAINT AUGUSTINE, FL 32084

C/O JACKSON B BURNEY 24 PELLICER LANE

SAINT AUGUSTINE, FL 32084



DO	NOT	WRITE	IN	THIS	SPACE
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04062008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2043897 Not Applied For Not Applied For Settificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNEY, JACKSON B. 24 PELLICER LANE SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

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					e da se e			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. ! am familiar with, and accept			
SIGNATURE.								
	Signature, typed or printed name of registered agent and bite	Lapplicable (NOTE Registered	Agent signature	required when reinstating)	DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE	PD BURNEY MOROON B				$\frac{1}{2} \sum_{i=1}^{n} \frac{1}{2} \sum_{i=1}^{n} \frac{1}$			
NAME STREET ADDRESS	BURNEY, JACKSON B 24 PELLICER LANE				U00000895128			
CITY-ST-ZIP	ST AUGUSTINE FL.				04/24/08-80056-012 150.00			
TITLE	VPS	· · · · · · · · · · · · · · · · · · ·			* * * * * * * * * * * * * * * * * * *			
NAME	BURNEY, EDISON M							
STREET ADDRESS								
CITY-ST-ZIP	ST AUGUSTINE FL,				· ·			
TITLE NAME	BURNEY, EDISON M				e de la companya de l			
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5)TV 07 7/0								

12. I hereby certify that the information supplied with this fitting 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OF DIRECTOR

1/10/08

904-829-2953

Daytime Phone #