2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # G07979 FILFD BIG BEND SEPTIC TANK COMPANY, INC. 04 APR 29 AM 9 32 SECRETARY OF STATE TALLAHASSEE, FLOOR Principal Place of Business Mailing Address 5563 SPRINGHILL RD 5563 SPRINGHILL RD TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 04292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2249612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAY, DENNIS G DO NOT WRITE RT. 16, BOX 8068 TALLAHASSEE, FL 32304 IN THIS SPACE 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME GRAY, DENNIS G 5563 SPRINGFIELD RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 ns7704235277333750.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or drustee 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> uns ER OR DIRECTOR

Daytime Phone #