

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90017 003 ***150.00

DOCUMENT # L06577 1. Entity Name ABC/T.C. SEPTIC, INC.			
Principal Place of Business % DONNA L. HOLTER 5753 ORANGE GROVE AVE. NEW PORT RICHEY, FL 34652		Mailing Address % DONNA L. HOLTER 5753 ORANGE GROVE AVE. NEW PORT RICHEY, FL 34652	
2. Principal Place of Business 11421 S.R. 52		3. Mailing Address 11421 S.R. 52 SAME	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HUDSON, FL		City & State 	
Zip 34669		Country PASCO	
4. FEI Number 59-2991796		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLTER, DONNA L 5753 ORANGE GROVE AVE. NEW PORT RICHEY, FL 34652		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 <u>Donna L. Holter</u> <u>DONNA L. HOLTER</u> <u>2/11/04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-electing.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 HOLTER, J. MICHAEL 5753 ORANGE GROVE NEW PORT RICHEY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11421 S.R. 52 HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAW, SHARON RENAY 5753 ORANGE GROVE NEW PORT RICHEY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11421 S.R. 52 HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MST HOLTER, DONNA L 5753 ORANGE GROVE NEW PORT RICHEY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11421 S.R. 52 " " " 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete SAVAGE, JOHN RUSSELL 5753 ORANGE GROVE NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information removed.			
SIGNATURE: <u>James Holter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JAMES HOLTER <u>2/11/04</u> <u>727 919 0436</u> <small>Date Daytime Phone #</small>	

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