2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 19, 2008
Secretary of State

DOCUMENT# P00000040847

Entity Name: ALL FLORIDA SEPTIC TANK SERVICE, INC.

Current Principal Place of Business:

8300 WEST BEAVER STREET
JACKSONVILLE, FL 322202381

New Principal Place of Business:

Current Mailing Address:

8300 WEST BEAVER STREET
JACKSONVILLE, FL 322202381

New Mailing Address:

FEI Number: 59-3641326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOYNER, BILLY W
8300 WEST BEAVER STREET
JACKSONVILLE, FL 322202381 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOYNER, BILLY WAYNE
Address: 8300 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

Title: V ( ) Delete
Name: JOYNER, NELLIE RUTH
Address: 1162 PEBBLE RIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32220

Title: T ( ) Delete
Name: JOYNER, BILLY WAYNE II
Address: 1059 KIMBERLY CT.
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete
Name: JOYNER, BRITTANY STAR
Address: 8300 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

Title: SEC ( ) Delete
Name: TILLMAN, NINA K
Address: 549 GARDENWOOD COURT
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: JOYNER, BILLY WAYNE II
Address: 1059 KIMBERLY CT.
City-St-Zip: ORANGE PARK, FL 32065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SEAGRAVES, JAMES N
Address: 2145 CASHEWWOOD DR
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N SEAGRAVES T 06/19/2008

Electronic Signature of Signing Officer or Director — Date