

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90157 001 \*\*\*150.00

DOCUMENT # P00000061726		
1. Entity Name <b>SEPTER CORPORATION</b>		

Principal Place of Business <b>2191-A TAMAMI TRAIL PORT CHARLOTTE, FL 33948</b>	Mailing Address <b>2191-A TAMAMI TRAIL PORT CHARLOTTE, FL 33948</b>
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2. Principal Place of Business <b>2195-A TAMAMI Trail</b>	3. Mailing Address <b>2195-A TAMAMI Trail</b>
Suite, Apt. #, etc. <b></b>	Suite, Apt. #, etc. <b></b>

City & State <b>Port Charlotte, FL</b>	City & State <b>Port Charlotte, FL</b>
Zip <b>33948</b>	Country <b>USA</b>
Zip <b>33948</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  <b>SEPTER, KURT R 2191-A TAMAMI TRAIL PORT CHARLOTTE, FL 33948</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code <b>33948</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SEPTER, KURT R 21916 TAMAMI TRAIL PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KURT R. Septer 2195-A TAMAMI TRAIL Port Charlotte, FL 33948</b>
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
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
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 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 whom I am empowered.

SIGNATURE:  Date **1/28/06** Daytime Phone # **941-629-9199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR