


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 SEPTER CORPORATION			
Principal Place of Business 2191-A TAMiami TRAIL PORT CHARLOTTE, FL 33948		Mailing Address 2191-A TAMiami TRAIL PORT CHARLOTTE, FL 33948	
2. Principal Place of Business <i>2195-A TAMiami TRAIL</i>		3. Mailing Address <i>2195-A TAMiami TRAIL</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Port Charlotte, FL</i>		City & State <i>Port Charlotte, FL</i>	
Zip <i>33948</i>		Zip <i>33948</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-1089147		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 SEPTER, KURT R 2191-A TAMiami TRAIL PORT CHARLOTTE, FL 33948		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDST SEPTER, KURT R <input type="checkbox"/> Delete	TITLE	PDST KURT R. Septer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21916 TAMiami TRAIL	NAME	<i>2195-A TAMiami TRAIL</i>
STREET ADDRESS	PORT CHARLOTTE, FL 33948	STREET ADDRESS	<i>PORT CHARLOTTE, FL 33948</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 without being empowered.			
SIGNATURE: <i>Kurt R. Septer</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>KURT R. SEPTER - President</i>	
		Date <i>4/28/06</i> Daytime Phone # <i>941-622-9199</i>	