

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004029

FILED
Mar 25, 2007
Secretary of State

Entity Name: BIG BOB'S SEWER AND DRAIN CLEANING, INC.

Current Principal Place of Business:

429 QUEBEC AVE
DELEON SPRINGS, FL 32130 US

New Principal Place of Business:

Current Mailing Address:

429 QUEBEC AVE
DELEON SPRINGS, FL 32130 US

New Mailing Address:

FEI Number: 59-3692645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEILBORN, ROBERT W
429 QUEBEC AVE
DELEON SPRINGS, FL 32130 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEILBORN, ROBERT W
Address: 429 QUEBEC AVE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VP () Delete
Name: HEILBORN, CHRISTOPHER
Address: 429 QUEBEC AVE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: S () Delete
Name: HEILBORN, CAROLYN L
Address: 429 QUEBEC AVE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: T () Delete
Name: KNOWLES, TABATHA
Address: 537 BESOTO AVE
City-St-Zip: DE LEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN HEILBORN

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03/25/2007

Electronic Signature of Signing Officer or Director

Date