

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004029

FILED  
Apr 27, 2009  
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, CAROLYN  
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: P (X) Change ( ) Addition  
Name: HEILBORN, ROBERT W  
Address: 429 QUEBEC AVE  
City-St-Zip: DELEON SPRINGS, FL 32130 US

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

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

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

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: ROBERT W. HEILBORN

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date