


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 043 ***150.00

DOCUMENT # P01000038213 1. Entity Name WOMBLE'S SEPTIC TANK SERVICE, INC.																																			
Principal Place of Business 2970 LAKE BRADFORD RD. S. TALLAHASSEE, FL 32310		Mailing Address 2970 LAKE BRADFORD RD. S. TALLAHASSEE, FL 32310																																	
2. Principal Place of Business - No P.O. Box # 4454 ENTREPOUT BLVD		3. Mailing Address Suite, Apt. #, etc.																																	
City & State TALLAHASSEE FL		City & State Suite, Apt. #, etc.																																	
Zip 32310	Country LEON	Zip 	Country 																																
6. Name and Address of Current Registered Agent WOMBLE, SCOTT D 2970 LAKE BRADFORD RD. S. TALLAHASSEE, FL 32310		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																	
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: <u>SCOTT D. WOMBLE</u> <i>Scott D. Womble President 1-8-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D WOMBLE, SCOTT D 2970 LAKE BRADFORD RD. S. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> </div> </div>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMBLE, SCOTT D 2970 LAKE BRADFORD RD. S. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete															TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 all other like empowered.																																			
SIGNATURE: <u>Scott D. Womble</u> SCOTT WOMBLE / PRES 1/8/08 (850) 575-8200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			

40001806



01072008 Chg-P CR2E034 (12/06)

4. FEI Number
01-0801285

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required