2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000043496

1. Entity Name

A-1 PAYLESS SEPTIC SERVICE, INC.

Principal Place of Business	Mailing Address
504 SW FORT KING STREET OCALA, FL 34474	504 SW FORT KING STREET OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

07052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3714043	Not Applicable

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

6. Name and Address of Current Registered Agent

SAMUEL, QUENTIN D SR
504 SW FORT KING STREET
OCALA, FL 34474

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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 (applicable).   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SAMUEL, SR., QUENTIN D
STREET ADDRESS	504 SW FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34474

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   7-16-07   352-732-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #