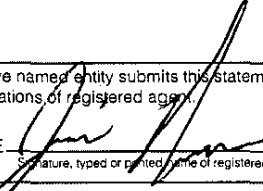
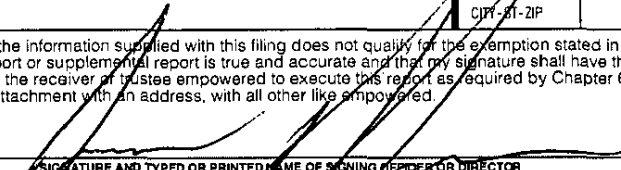


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90040 017 ***150.00

DOCUMENT # P01000044813			
1. Entity Name JASON'S SEPTIC, INC.			
Principal Place of Business 12815 SW 91ST COURT MIAMI, FL 33176		Mailing Address 12815 SW 91ST COURT MIAMI, FL 33176	
2. Principal Place of Business 13152 S.W. 93 PL.		3. Mailing Address 13152 SW 93 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33176		Zip 33176	
Country		Country	
4. FEI Number 65-1105891		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NESEMAN, JASON ADAM 12815 SW 91ST COURT MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Jason Adam Nesezman Street Address (P.O. Box Number is Not Acceptable) 13152 SW 93 PL City Miami FL Zip Code 33176	
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			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESEMAN, JASON ADAM 12815 SW 91ST COURT MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 3-1-04 Daytime Phone # 286-2189941	