


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P01000051626 1. Entity Name JR. PEADEN SEPTIC TANKS, INC.	
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Principal Place of Business 5885 WOMACK ROAD MILTON, FL 32570	Mailing Address 5885 WOMACK ROAD MILTON, FL 32570
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04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEADEN, LUTHER JR  
 5885 WOMACK ROAD  
 MILTON, FL 32570

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000733732  
 05/09/07-80097-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEADEN, LUTHER JR 5885 WOMACK ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEADEN, GROVER RT 6 BOX 333 A-1 MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEADEN, KEVIN 5885 WOMACK RD. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEADEN, JAMIE 5885 WOMACK RD. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 ~~the~~ empowered.

**SIGNATURE:** Jamie Peaden 4/23/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #