


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90306 016 \*\*\*150.00

<b>DOCUMENT # P02000082863</b>					
1. Entity Name 1ST COAST SEPTIC, INC.					
Principal Place of Business 3070 BLANDING BOULEVARD MIDDLEBURG, FL 32068			Mailing Address POST OFFICE BOX 1576 KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business		3. Mailing Address <i>3070 BLANDING BLVD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Middleburg,</i>			
City & State		City & State <i>FLORIDA</i>		4. FEI Number <b>55-0789108</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <i>32068</i>		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DUKE, CAROLYN</b> 3070 BLANDING BLVD. MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State <b>FL</b>		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUKE, JOSEPH A		NAME		
STREET ADDRESS	3070 BLANDING BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUKE, JOSEPH M		NAME		
STREET ADDRESS	3070 BLANDING BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Joseph Alan Duke</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Joseph Alan Duke</b>		Date: <i>4/26/05</i> 907 Daytime Phone #: <i>291-4331</i>	