


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 036 ***158.75

| | |
|---|---|
| DOCUMENT # P02000082863 1. Entity Name 1ST COAST SEPTIC, INC. |  |
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| Principal Place of Business 3070 BLANDING BOULEVARD MIDDLEBURG, FL 32068 | Mailing Address 3070 BLANDING BLVD MIDDLEBURG, FL 32068 |
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|---|--|
| 2. Principal Place of Business - No. P.O. Box # 6596 Brooklyn Bay | 3. Mailing Address P.O. Box 1576 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

07202007 Chg-P CR2E034 (12/06)

| | |
|-------------------------------------|---|
| City & State Keystone, FL | City & State Keystone Heights, FL |
| Zip 32656 | Zip 32656 |
| Country FLA | Country FLA |

| | |
|--|-------------------------------|
| 4. FEI Number 55-0789108 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DUKE, CAROLYN
3070 BLANDING BLVD.
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name: **Susan Schoen**

Street Address (P.O. Box Number is Not Acceptable):
5542 Lassen street

City: **Keystone Heights** State: **FL** Zip Code: **32656**

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: Susan Schoen Manager DATE: 7/20/07

Signature, typed or printed name of registered agent and title if 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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD <input type="checkbox"/> Delete DUKE, JOSEPH A 3070 BLANDING BOULEVARD MIDDLEBURG, FL 32068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Delete DUKE, JOSEPH M 3070 BLANDING BLVD. MIDDLEBURG, FL 32068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: [Signature] Date: 7/20/07 Daytime Phone #: 352)473-1100

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