2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Jul 27, 2007 8:00 am **DOCUMENT # P02000082863 Secretary of State** 1. Entity Name 1ST COAST SEPTIC, INC. 07-27-2007 90008 036 ***158.75 Principal Place of Business Mailing Address 3070 BLANDING BLVD 3070 BLANDING BOULEVARD MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 Principal Place of Business - No P.O. Box # 3. Mailing Address P.D. BOX 1576 07202007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 55-0789108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Sa DUKE, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 3070 BLANDING BLVD. MIDDLEBURG, FL 32068 street Lassen eight 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) FILE NOW!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUKE, JOSEPH A STREET ADDRESS 3070 BLANDING BOULEVARD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP VPD TIT1 F ☐ Delete TITLE ☐ Change Addition DUKE, JOSEPH M NAME NAME STREET ADDRESS 3070 BLANDING BLVD. STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CHTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.