


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90467 012 \*\*\*550.00

DOCUMENT # P03000008427		
1. Entity Name A SEPTIC MAN, INC.		

Principal Place of Business 11050 SW 170 TERR MIAMI, FL 33157	Mailing Address 11050 SW 170 TERRACE MIAMI, FL 33157
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2. Principal Place of Business <i>901 N.W. 143rd street</i>	3. Mailing Address <i>901 N.W. 143rd street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami, FL</i>	City & State <i>Miami, Florida</i>
Zip <i>33168</i>	Zip <i>33168</i>
Country	Country



05042004 Chg-P CR2E034 (10/03)

4. FEI Number <i>65-1175970</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THARPE, MORGAN III 675 IVES DAIRY ROAD APT. 404 MIAMI, FL 33179		-Name Street Address (P.O. Box Number is Not Acceptable) <i>3565 N.W. 80th Terrace</i> City <i>Miami</i> FL Zip Code <i>33147</i>	

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 *Morgan Tharpe III* DATE *5/4/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, MELVIN M 11010 NW 8TH AVENUE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ARLENDER 11010 NW 8TH AVENUE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYANT, ROLAND 11010 NW 8TH AVENUE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THARPE, MORGAN III 675 IVES DAIRY ROAD #404 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3565 N.W. 80th Terrace</i> <i>Miami, Florida 33147</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: *Morgan Tharpe III* DATE *5/4/04* DAYTIME PHONE # *786-912-6408*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR