

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90087 032 \*\*\*163.75

**66008301**



03192005 Chg-P CR2E034 (10/03)

4. FEI Number **APPLIED FOR 20-1423956** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CALHOUN, JAMES E  
1507 N BONNIE RD  
PLANT CITY, FL 33565

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CALHOUN, JAMES E	
STREET ADDRESS	1507 N BONNIE RD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: James E. Calhoun 3-30-05 752-9505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/4/2005-90087-032-\$163.75-\$163.75

<b>DOCUMENT # P03000008894</b> 1. Entity Name <b>JAMES E. CALHOUN SEPTIC TANKS, INC.</b>			
Principal Place of Business <b>1507 N BONNIE RD PLANT CITY, FL 33565</b>		Mailing Address <b>1507 N BONNIE RD PLANT CITY, FL 33565</b>	
2. Principal Place of Business <b>1507 N. BONNIE Road</b>		3. Mailing Address <b>P.O. Box 1121</b>	
Suite, Apt. #, etc. <b>Office &amp; Resident</b>		Suite, Apt. #, etc. <b>Post office box for mail</b>	
City & State <b>Plant City Florida</b>		City & State <b>Florida</b>	
Zip <b>33565</b>		Zip <b>33564</b>	
Country <b>Hillsborough</b>		Country <b>Hillsborough</b>	
4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CALHOUN, JAMES E 1507 N BONNIE RD PLANT CITY, FL 33565</b>		7. Name and Address of New Registered Agent  Name <b>James Early Calhoun</b> Street Address (P.O. Box Number is Not Acceptable) <b>1507 North Bonnie Road</b> City <b>Plant City, FL</b> Zip Code <b>33565</b>	
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 <b>X James E. Calhoun</b> X <b>James E. Calhoun</b> DATE <b>March 2, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>CALHOUN, JAMES E</b>	TITLE <b>Change</b>	ADDITION <input type="checkbox"/>
STREET ADDRESS <b>1507 N BONNIE RD</b>	CITY - ST - ZIP <b>PLANT CITY, FL 33565</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>
TITLE <b>VICE President</b>	NAME <b>Calhoun, James E. Diane</b>	TITLE <b>Change</b>	ADDITION <input type="checkbox"/>
STREET ADDRESS <b>1507 N. Bonnie Road</b>	CITY - ST - ZIP <b>Plant City, Florida, 33565</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>
TITLE <b>Change</b>	NAME <b>Change</b>	TITLE <b>Change</b>	ADDITION <input type="checkbox"/>
STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>
TITLE <b>Change</b>	NAME <b>Change</b>	TITLE <b>Change</b>	ADDITION <input type="checkbox"/>
STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>
TITLE <b>Change</b>	NAME <b>Change</b>	TITLE <b>Change</b>	ADDITION <input type="checkbox"/>
STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Change</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>James E. Calhoun</b> X <b>James E. Calhoun</b>		Date <b>March 2, 2005</b>	

ATTACHMENT

66008301

02032005 Chg-P CR2E034 (10/03)

Office: 813-752-9505  
Cell: 813-463-4809