

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085124

FILED
Apr 23, 2008
Secretary of State

Entity Name: JERRY'S SEPTIC TANK SERVICES, INC.

Current Principal Place of Business:

4800 S.W. 64 AVE
SUITE 106
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4800 S.W. 64 AVE
SUITE 106
DAVIE, FL 33314

New Mailing Address:

FEI Number: 20-0135661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, CHARLES R
4801 SOUTH UNIVERSITY DRIVE
BOX # 3080
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TIMMONS, GERALD
Address: 11516 SW 54TH STREET
City-St-Zip: COOPER CITY, FL 33330

Title: VP () Delete
Name: TIMMONS, CHAD
Address: 4800 S.W. 64 AVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TIMMONS, GERALD
Address: 4800 S.W. 64 AVE, SUITE 106
City-St-Zip: DAVIE, FL 33314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD TIMMONS

P

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date