2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AM DOCUMENT # P04000014294 Secretary of State NORTH FLORIDA SEPTIC TANK, INC Principal Place of Business Mailing Address 580 NW GUERDON ST 580 NW GUERDON ST LAKE CITY, FL 32055 LAKE CITY, FL 32055 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 02272008 No Chg-P Applied For 4. FEI Number 20-0646140 Not Applicable \$8.75 Additional The latter than the same and the 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent FORD, ROBERT WJR 580 NW GUERDON ST IN THIS SPACE LAKE CITY, FL 32055 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FORD, ROBERT W JR NAME STREET ADDRESS 580 NW GUERDON ST LAKE CITY, FL 32055 CITY-ST-ZIP TITLE FORD, DONNA M NAME STREET ADDRESS 580 NW GUERDON ST CITY-ST-ZIP LAKE CITY, FL 32055 TITLE FORD, ROBERT WIII NAME DO NOT WRITE RT 27 BOX 235-9 STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32024 IN THIS SPACE TITLE BENIFIELD, AMANDA NAME STREET ADDRESS RT 27 BOX 2534 CITY+ST-ZIP LAKE CITY, FL 32024 TITLE FORD, JONATHAN NAME STREET ADDRESS RT 27 BOX 2534 CITY-ST-ZIP LAKE CITY, FL 32024 TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

AATOREAND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

1/25/08 386-755637

FILED