

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-28-2005 90070 004 ***150.00

DOCUMENT # P04000021603	
1. Entity Name CENTRAL FLORIDA SEPTIC SERVICES CORP.	

Principal Place of Business 10140 NW 115TH AVE REDDICK, FL 34482	Mailing Address 10140 NW 115TH AVE REDDICK, FL 34482
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 32686	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip 32686	Country
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03242005 Chg-P CR2E034 (10/03)

4. FEI Number 14-1902640	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

7. Name and Address of New Registered Agent	
Name Horace Rivers	
Street Address (P.O. Box Number is Not Acceptable) 10140 NW 115th Ave	
City Reddick	FL Zip Code 32686

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.

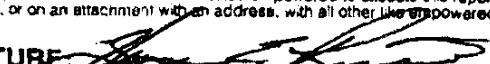
SIGNATURE 	DATE 3-24-05
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERS, HORACE 10140 NW 115TH AVE REDDICK, FL 34482 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERS, JEANETTE 10140 NW 115TH AVE REDDICK, FL 34482 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIVERS, HARRIETTE 10140 NW 115TH AVE REDDICK, FL 34482 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 	DATE 3-24-05
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