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Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90183 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000040711

1. Entity Name
DON FAIR / CULPEPPER SEWER AND SEPTIC, INC.

66006587

Principal Place of Business	Mailing Address
8680 HIGHWAY 441 SOUTHEAST APT. 1 OKEECHOBEE, FL 34974	8680 HIGHWAY 441 SOUTHEAST APT. 1 OKEECHOBEE, FL 34974
2. Principal Place of Business: 7895 NW 84TH CT.	3. Mailing Address: 7895 NW 84TH CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKEECHOBEE, FL	City & State: OKEECHOBEE, FL
Zip: 34972 Country: US	Zip: 34972 Country: US

02232005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0822139 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, COREY P
3391 HIGHWAY 441 SOUTH
OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

Name: KELLY A. FAIR
Street Address (P.O. Box Number is Not Acceptable): 7895 NW 84TH CT.
City: OKEECHOBEE FL Zip Code: 34972

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: Kelly A Fair 2/23/05
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS FAIR, DONALD H 8680 HIGHWAY 441 SE, APT. 1 OKEECHOBEE, FL 34974	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAIR, DONALD H. 7895 NW 84TH CT. OKEECHOBEE, FL 34972	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FAIR, KELLY A. 7895 NW 84TH CT. OKEECHOBEE, FL 34972	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPY	☐ Change ☐ Addition
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: Kelly A Fair 2/23/05 863-824-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/18/1 Forwd to