

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100687

FILED
Apr 11, 2005
Secretary of State

Entity Name: ACCURATE SEPTIC & PLUMBING SERVICES, INC.

Current Principal Place of Business:

880 SW ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986

New Principal Place of Business:

800 BARREL AVE
FORT PIERCE, FL 34982

Current Mailing Address:

880 SW ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986

New Mailing Address:

800 BARREL AVE
FORT PIERCE, FL 34982

FEI Number: 20-1513609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, JOHN
880 SW ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

BAKER, JOHN L
800 BARREL AVE
FORT PIERCE, FL 34982 US

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: JOHN BAKER

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, JOHN
Address: 880 SW ST LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D () Delete
Name: WHITESIDE, DAVID
Address: 880 SW ST LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D () Delete
Name: WHITESIDE, STEPHANIE
Address: 880 SW ST LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BAKER, JOHN
Address: 800 BARREL AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Change () Addition
Name: WHITESIDE, DAVID E
Address: 800 BARREL AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: P (X) Change () Addition
Name: WHITESIDE, STEPHANIE
Address: 800 BARREL AVE
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID WHITESIDE

D

04/11/2005

Electronic Signature of Signing Officer or Director

Date