2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000028393

1. Entity Name

KIRK & RILEY SEPTIC SERVICE, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

411 COMMONWEALTH AVE SW POLK CITY, FL 33868

Mailing Address

P.O.BOX 875

POLK CITY, FL 33868



. :	, ,	1:							,				
		1.		3.3						9.1	03282008	No Chg-P	CR2E034
\sim	· 1	101	ř . i.	APIT	— 181	TUIC	CDA	CE	1.0	١.			

4. FEI Number
04-3812619

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURLINGTON, TERRY M 411 COMMONWEALTH AVE SW POLK CITY, FL 33868

DO NOT WRITE

	named entity submits this statement for the plant of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registere	d Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	U00000883404 04/17/08-80002-014 150 00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PDST TURLINGTON, TERRY M 411 COMMONWEALTH AVE SW POLK CITY, FL 33868	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE				

12. I hereby 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.

SIC	2N.	ΔΤΙ	ìRF.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

863 - 967-5662

Daytime F