

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90179 032 ***150.00

DOCUMENT # P05000034334

1. Entity Name
ACCURATE SEPTIC DEWATER FACILITY, INC.



Principal Place of Business
**800 BARREL AVENUE
FORT PIERCE, FL 34982**

Mailing Address
**800 BARREL AVENUE
FORT PIERCE, FL 34982**

2. Principal Place of Business - No P.O. Box #
4120 SELVIE RD
Suite, Apt. #, etc.

3. Mailing Address
4120 SELVIE RD
Suite, Apt. #, etc.

City & State
Fort Pierce FL
Zip
34981 Country
USA

City & State
Fort Pierce FL
Zip
34981 Country
USA

04162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3094681 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITESIDE, DAVID
800 BARREL AVENUE
FORT PIERCE, FL 34982**

7. Name and Address of New Registered Agent

Name
DAVID WHITESIDE
Street Address (P.O. Box Number is Not Acceptable)

4120 SELVIE ROAD
City
Fort Pierce **FL** Zip Code
34981

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

David Whiteside

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
BAKER, JOHN
STREET ADDRESS
800 BARREL AVENUE
CITY-ST-ZIP
FORT PIERCE, FL 34982

TITLE
D ☐ Delete
NAME
WHITESIDE, DAVID
STREET ADDRESS
800 BARREL AVENUE
CITY-ST-ZIP
FORT PIERCE, FL 34982

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ Change ☐ Addition
NAME
John L BAKER
STREET ADDRESS
4120 SELVIE RD
CITY-ST-ZIP
Fort Pierce FL 34981

TITLE
D ☒ Change ☐ Addition
NAME
David E Whiteside
STREET ADDRESS
4120 SELVIE RD
CITY-ST-ZIP
Fort Pierce FL 34981

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

David E Whiteside

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/16/07

Date

772489-4411

Daytime Phone #