

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034334

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** ACCURATE SEPTIC DEWATER FACILITY, INC.

**Current Principal Place of Business:**

4120 SELVIR RD  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

4120 SELVITZ RD  
FORT PIERCE, FL 34981

**Current Mailing Address:**

4120 SELVIR RD  
FORT PIERCE, FL 34981

**New Mailing Address:**

4120 SELVITZ RD  
FORT PIERCE, FL 34981

**FEI Number:** 20-3094681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITESIDE, DAVID  
4120 SELVIR RD  
FORT PIERCE, FL 34981 US

**Name and Address of New Registered Agent:**

WHITESIDE, DAVID  
4120 SELVITZ RD  
FORT PIERCE, FL 34981 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: DAVID WHITESIDE

04/08/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAKER, JOHN  
Address: 4120 SELVITE RD  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: WHITESIDE, DAVID  
Address: 4120 SELVIR RD  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BAKER, JOHN  
Address: 4120 SELVITZ RD  
City-St-Zip: FORT PIERCE, FL 34981

Title: D (X) Change ( ) Addition  
Name: WHITESIDE, DAVID  
Address: 4120 SELVITZ RD  
City-St-Zip: FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/08/2008

Electronic Signature of Signing Officer or Director

Date