


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90200 045 \*\*\*150.00

|  |  |  |  |
|--|--|--|--|
| DOCUMENT # P05000059284  |  |   |  |
| 1. Entity Name<br>ON SITE SEPTIC SYSTEMS INC.  |  |  |  |
| Principal Place of Business<br>12344 TREE LINE DR<br>FT MYERS, FL 33913  |  | Mailing Address<br>12344 TREE LINE DR<br>FT MYERS, FL 33913  |  |
| 2. Principal Place of Business<br>12344 TreeLine Ave<br>Suite, Apt. #, etc.<br>Suite 5<br>City & State<br>Ft Myers, FL<br>Zip<br>33913 |  | 3. Mailing Address<br>12344 TreeLine Ave<br>Suite, Apt. #, etc.<br>Suite 5<br>City & State<br>Ft Myers, FL<br>Zip<br>33913 |  |
| 4. FEI Number<br>13-4297649  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |  |  |

40001330



01092006 Chg-P CR2E034 (11/05)

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>BOWMAN, TONY D<br>2640 WHITE BLVD<br>NAPLES, FL 34117 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|--|--|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BOWMAN, TONY D<br>2640 WHITE BLVD<br>NAPLES, FL 34117 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>LANIUS, TODD H<br>960 22ND AVE NE<br>NAPLES, FL 34120 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/06

239274035

Date

Daytime Phone #