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Aug 16, 2007 8:00 am
Secretary of State

07-12-2007 90054 034 ***150.00
08-16-2007 90015 020 ***400.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000087965

1. Entity Name
DELAND SEPTIC, INC.

40129381

Principal Place of Business	Mailing Address
3 BROADWATER RD ORMOND BEACH, FL 32174	3 BROADWATER RD ORMOND BEACH, FL 32174

01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1637 STATE AVE	1637 STATE AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLY HILL FL	City & State: HOLLY HILL FL
Zip: 32117 Country: VOLUSIA	Zip: 32117 Country: VOLUSIA

4. FEI Number: 20-2977704 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATKINS, JOHN ~~3 BROADWATER RD~~ 1637 STATE AVE ~~ORMOND BEACH, FL 32174~~ HOLLY HILL FL 32117	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATKINS, JOHN ~~3 BROADWATER RD~~ ~~ORMOND BEACH, FL 32174~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1637 STATE AVE. HOLLY HILL, FL 32117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ATKINS, KATHLEEN M 1637 STATE AVE HOLLY HILL, FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTS, DONALD 1637 STATE AVE HOLLY HILL, FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X John Atkins 386 672-1576 X 4-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #