

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROV.  
AND  
FILED

06 APR 27 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P05000098881

1. Entity Name

C.J. MALPHURS SEPTIC SERVICE, INC.

Principal Place of Business

41 MUSTANG DRIVE  
CRAWFORDVILLE, FL 32327

Mailing Address

41 MUSTANG DRIVE  
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3429992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALPHURS, FRED  
41 MUSTANG DRIVE  
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

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

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

(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

TITLE P  
NAME MALPHURS, FRED ☐ Delete  
STREET ADDRESS 41 MUSTANG DRIVE  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE S  
NAME MALPHURS, TINA ☐ Delete  
STREET ADDRESS 41 MUSTANG DRIVE  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE V  
NAME MALPHURS, RICK ☐ Delete  
STREET ADDRESS 5587 CRAWFORDVILLE HIGHWAY  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE T  
NAME JOYNER, CHRISTINA ☐ Delete  
STREET ADDRESS 5587 CRAWFORDVILLE HIGHWAY  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME 800073983348  
STREET ADDRESS 05/04/06--01015--016 \*\*300.00  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

850-251-2136

Date

Daytime Phone #

1/27/06