

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098881

1. Entity Name
C.J. MALPHURS SEPTIC SERVICE, INC.



FILED
07 FEB -5 PM 1:50

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
41 MUSTANG DRIVE
CRAWFORDVILLE, FL 32327

Mailing Address
41 MUSTANG DRIVE
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3429992

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MALPHURS, FRED
41 MUSTANG DRIVE
CRAWFORDVILLE, FL 32327

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

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

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

TITLE T ☐ Delete
NAME JOYNER, CHRISTINA
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

☐ Change ☐ Addition
NAME 500087397785
STREET ADDRESS 02/05/07--01045--021 **210.00
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

☐ 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

Date

Daytime Phone #