

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008 Chg-P CR2E034 (12/06)

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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**P  
MALPHURS, FRED  
41 MUSTANG DRIVE  
CRAWFORDVILLE, FL 32327**

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**400122267084  
04/04/08-01008--022 \*\*150.00**

**S  
MALPHURS, TINA  
41 MUSTANG DRIVE  
CRAWFORDVILLE, FL 32327**

Delete

**V  
MALPHURS, RICK  
5687 CRAWFORDVILLE HIGHWAY  
TALLAHASSEE, FL 32305**

Delete

**T  
JOYNER, CHRISTINA  
5687 CRAWFORDVILLE HIGHWAY  
TALLAHASSEE, FL 32305**

Delete

Delete

Delete

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**400122267084  
04/04/08-01008--022 \*\*150.00**

Change  Addition

**4386 Shelter Road  
Tallahassee, Fl 32310**

Change  Addition

**4386 Shelter Road  
Tallahassee, Fl 32310**

Change  Addition

Change  Addition

Change  Addition

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:** *Tina Malphurs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-08 850-8770273**

Date

Daytime Phone #