

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098881

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

41 MUSTANG DRIVE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

41 MUSTANG DRIVE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3429992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALPHURS, FRED
41 MUSTANG DRIVE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALPHURS, FRED
Address: 41 MUSTANG DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: MALPHURS, TINA
Address: 41 MUSTANG DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: MALPHURS, RICK
Address: 4386 SHELFER ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: JOYNER, CHRISTINA
Address: 4386 SHELFER ROAD
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MALPHURS, RICK
Address: 41 MUSTANG DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T (X) Change () Addition
Name: JOYNER, CHRISTINA
Address: 41 MUSTANG DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA MALPHURS

S

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date