Mailed TO POBOX 6198 6/9/11 / Re-mailed TO PO BOX 1500 6/14/11

# FOR PROFIT CORPORATION ANNUAL REPORT

FILED

11 JUN 14 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000098881

1. Entity Name
C.J. Malphurs Septic Service, Inc.

**DO NOT WRITE IN THIS SPACE**

CR2E034B (1/11)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 41 Mustang Drive | 41 Mustang Drive |
| Suite, Apt. #, etc. | Suite, Apt #, etc. |
| City & State: Crawfordville, FL | City & State: Crawfordville, FL |
| Zip: 32327 Country: | Zip: 32327 Country: |

4. FEI Number: 59-3429992 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Fred Malphurs

Street Address (P.O. Box Number is Not Acceptable): 41 Mustang Drive

City: Crawfordville FL Zip Code: 32327

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] 4-27-11
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE → | P |
| NAME | Fred Malphurs |
| STREET ADDRESS | 41 Mustang Drive |
| CITY-ST-ZIP | Crawfordville, FL 32327 |
| TITLE → | S |
| NAME | Tina Malphurs |
| STREET ADDRESS | 41 Mustang Drive |
| CITY-ST-ZIP | Crawfordville, FL 32327 |
| TITLE → | VP-Treas |
| NAME | Rick Malphurs |
| STREET ADDRESS | 41 Mustang Drive |
| CITY-ST-ZIP | Crawfordville, FL 32327 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

200207327132
05/06/11-01045-019 **150.00

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: [signature] 4-27-11 850-251-2136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #