2006 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jul 11, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000110456** 07-11-2006 90020 030 ***158.75 1. Entity Name T.N.D. SEPTIC, INC. Principal Place of Business Mailing Address 1000 W MAIN STREET 1000 W MAIN STREET AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business 3. Mailing Address 1879 N.T 1879 N. Taconic Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 07052006 Chg-P City & State City & State 4. FEI Number 20 - 3 2 Applied For *532*24 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joursence NEALIS, MARK C dress (P.O. Box Number is Not Acceptable) 1000 W MAIN STREET AVON PARK, FL 33825 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 age, SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. **:** Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ЯПE ☐ Detete HILE Change ☐ Addition NAME DELAET, DAVID M NAME 207 NE LAKEVIEW DR, APT. 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP S D ☐ Delete nn.e TITLE ☐ Addition TOWNSEND, HEATH E. TOWNSEND, HEALTH E NAME NAME STREET ADDRESS 1879 TACONIC ROAD STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP TD Delete TITLE Change ☐ Addition NEALIS, MARK C NAME NAME STREET ADDRESS 2780 N TYLER RD STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE TIRE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

983-413-<u>0673</u>