

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000112475 1. Entity Name A QUALITY SEPTIC SERVICE, INC.				FILED COPY 06 JUL 14 AM 8:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA 01/27/06 90029 013 \$150.00 	
Principal Place of Business 604 HWY. 17/92 NORTH HAINES CITY, FL 33844		Mailing Address 604 HWY. 17/92 NORTH HAINES CITY, FL 33844		01142006 Chg-P CR2E034 (11/05) 4. FEI Number 20-3304086 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3568 Suite, Apt. #, etc.			
City & State Haines City FL		City & State Haines City FL			
Zip 33845		Zip 33845			
6. Name and Address of Current Registered Agent MOBLEY, JANE A 604 HWY. 17/92 NORTH HAINES CITY, FL 33844				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOBLEY, JANE A 604 HWY. 17/92 NORTH HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D/S Mobley, Jane A. P.O. Box 1843 Haines City, FL 33845-1843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOBLEY, DARYL 604 HWY. 17/92 NORTH HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/T Mobley, Daryl P.O. Box 1843 Haines City, FL 33845-1843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; text-align: center;">8/7/19</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jane A. Mobley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Secretary 1/14/06 863-422-3148 <small>Date Daytime Phone #</small>		