- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000123660

1. Entity Name

MID-FLORIDA SEPTIC SERVICE INC.



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2401 FOUNTAIN ROAD DELTONA, FL 32738 2401 FOUNTAIN ROAD DELTONA, FL 32738



DO NOT WRITE IN THIS SPACE 04302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 11-3758719

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, JANICE R 2401 FOUNTAIN ROAD DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees	000000753939 05/22/07-80038-017 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P JANICE, RUSSO R 2401 FOUNTAIN ROAD DELTONA, FL 32738	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME Street address City+St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 proper or unappropriate the second of the control of the					

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: _

GNATURE AND TYPED DIA PRINTED NAME OF RIGHING

ER OR DIRECTOR

04/30/07

Daytene Phone &