

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90343 046 \*\*\*150.00  
P05000153238

**FILED**

06 JUN 16 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262006 Chg-P CR2E034 (11/05)

4. FEI Number **56-2543263** Applied For  
Not Applicable

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

**DOCUMENT # P05000153238**

1. Entity Name  
**LEESBURG SEPTIC, INC.**



Principal Place of Business  
**821 LAKE ELLA ROAD  
FRUITLAND PARK, FL 34731 US**

Mailing Address  
**821 LAKE ELLA ROAD  
FRUITLAND PARK, FL 34731 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**SUGGS, KAMI  
821 LAKE ELLA ROAD  
FRUITLAND PARK, FL 34731**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P/D                      | <input type="checkbox"/> Delete |
| NAME           | SUGGS, KAMI              |                                 |
| STREET ADDRESS | 821 LAKE ELLA ROAD       |                                 |
| CITY-ST-ZIP    | FRUITLAND PARK, FL 34731 |                                 |
| TITLE          | S/T                      | <input type="checkbox"/> Delete |
| NAME           | SUGGS, BRADLEY           |                                 |
| STREET ADDRESS | 821 LAKE ELLA ROAD       |                                 |
| CITY-ST-ZIP    | FRUITLAND PARK, FL 34731 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | SUGGS, BRADLEY           |                                 |
| STREET ADDRESS | 821 LAKE ELLA ROAD       |                                 |
| CITY-ST-ZIP    | FRUITLAND PARK, FL 34731 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: Kami Suggs Kami Suggs

Date 4/27/06 Daytime Phone # 352-787-5435