

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000021838

1. Entity Name
BUCK SCONIERS SEPTIC TANK SERVICE INCPrincipal Place of Business
6291 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435Mailing Address
6291 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435**FILED**
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 020 ***150.00

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4293046

Applied I or

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SCONIERS, WOODROW W
6291 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

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:

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	SCONIERS, WOODROW W	6291 COY BURGESS LOOP	DEFUNIAK SPRINGS, FL 32435	
SEC	SCONIERS, ADRIAN B	6291 COY BURGESS LOOP	DEFUNIAK SPRINGS, FL 32435	
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ 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: *Woodrow W. Sconiers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07

Date

850-892-7994

Daytime Phone #