2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000077921

1. Entity Name

ENSLEY SEPTIC TANK SERVICE INC



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

10491 BETMARK RD PENSACOLA, FL 32514 Mailing Address

10491 BETMARK RD PENSACOLA, FL 32514



NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number	 Applied For
20-4997119	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

NELSON, JOSEPH F 10491 BETMARK RD PENSACOLA, FL 32514

DO NOT WRITE IN THIS SPACE

			િકહ્યું વાત -	等的。" 下於是 E.F.			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	l ad office or re	egistered agent, or bo	oth, in the State of Florida	I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registere	d Agent signature	required when reinstating)	<u> </u>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	<u>U0000091</u> 02/13/08-80 	14,00	150.00
10.	OFFICERS AND DIRECT	CTORS	A HERO	The state of the	Warren and	100	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T NELSON, JOSEPH F 10491 BETMARK RD PENSACOLA, FL 32514	·.			A CONTRACTOR OF THE CONTRACTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S NELSON, AGNES M 10491 BETMARK RD PENSACOLA, FL 32514		4 9 6 3				tur'
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			10 10 10 10 10 10 10 10 10 10 10 10 10 1	IN .	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				E 0	The state of		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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							

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:	loves in nelson	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE	C

/ - 30 - 08

Date Daytime Phone €