

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 050 ***150.00

DOCUMENT # P07000024093

1. Entity Name
GRAINGER'S SEPTIC SERVICE, INC.



Principal Place of Business
**1990 LAKE BUFFUM ROAD, EAST
FT. MEADE, FL 33841**

Mailing Address
**P. O. BOX 2614
BARTOW, FL 33831**

40009475



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

01152008

Chg-P

CR2E034 (12/06)

4. FEI Number

39-2050076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAINGER, CECIL J
1990 LAKE BUFFUM ROAD, EAST
FT. MEADE, FL 33841**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	GRAINGER, CECIL J	
STREET ADDRESS	1990 LAKE BUFFUM ROAD, EAST	
CITY - ST - ZIP	FT. MEADE, FL 33841	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAINGER, LYNETTE	
STREET ADDRESS	1990 LAKE BUFFUM ROAD, EAST	
CITY - ST - ZIP	FT. MEADE, FL 33841	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAINGER, ETHA F	
STREET ADDRESS	P. O. BOX 713	
CITY - ST - ZIP	MULBERRY, FL 33860	
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	
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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: *Lynette Grainger Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

1-22-08

Date

863-533-7100

Daytime Phone #