

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024093

FILED
Mar 18, 2009
Secretary of State

Entity Name: GRAINGER'S SEPTIC SERVICE, INC.

Current Principal Place of Business:

1990 LAKE BUFFUM ROAD, EAST
FT. MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2614
BARTOW, FL 33831

New Mailing Address:

FEI Number: 39-2050076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: CECIL J. GRAINGER

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAINGER, CECIL J
Address: 1990 LAKE BUFFUM ROAD, EAST
City-St-Zip: FT. MEADE, FL 33841

Title: V () Delete
Name: GRAINGER, LYNETTE
Address: 1990 LAKE BUFFUM ROAD, EAST
City-St-Zip: FT. MEADE, FL 33841

Title: S () Delete
Name: GRAINGER, ETHA F
Address: P. O. BOX 713
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GRAINGER, LYNETTE C
Address: 1990 LAKE BUFFUM ROAD, EAST
City-St-Zip: FT. MEADE, FL 33841

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNETTE C. GRAINGER

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date