2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2005 08:00 AM DOCUMENT # P93000008841 **Secretary of State** 1. Entity Name SEPTIC AND SEWER, INC. Mailing Address Principal Place of Business 13110 RICKENBACKER PKWY 13110 RICKENBACKER PKWY FORT MYERS FL 33913 FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0392800 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 13110 RICKENBACKER PARKWAY FORT MYERS FL 33913 Zip Code City 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and fills if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change Addition HILLE NAME CASTER, DAVID J. NAME 13110 RICKENBACKER PARKWAY STREET ADDRESS STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-71P Addition TITLE Delete THE NAME WARNER, JIMMY R. NAME STREET ADDRESS 13110 RICKENBACKER PARKWAY STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP Addition 🖸 Delete TITLE Change DILE NAME NAME CASTER, JANET A STREET ADDRESS STREET ADDRESS 13110 RICKENBACKER PARKWAY FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY, ST. NP CITY-ST-ZIP Change Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-71F CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 of 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

changed, or on an attachment with an address, with all other like empowered.

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED