

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90039 008 ***150.00

DOCUMENT # P93000008841 1. Entity Name SEPTIC AND SEWER, INC.			
Principal Place of Business 7100 PENNSYLVANIA STREET FORT MYERS, FL 33912		Mailing Address P.O. BOX 419 ESTERO, FL 33928	
2. Principal Place of Business - No P.O. Box # 4400 FORT DENAUD ROAD Suite, Apt. #, etc.		3. Mailing Address 4400 FORT DENAUD ROAD Suite, Apt. #, etc.	
City & State LABELLE FL Zip 33935		City & State LABELLE FL Zip 33935	
4. FEI Number 65-0392800		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTER, DAVID J 17550 CAPPER LANE ESTERO, FL 33928		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4400 FORT DENAUD ROAD City LABELLE FL Zip Code 33935	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTER, DAVID J 17550 CAPPER LANE ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 FORT DENAUD ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARNER, JIMMY R 19246 MIAMI BLVD. FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTER, JANET A 17550 CAPPER LANE ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 FORT DENAUD ROAD LABELLE, FL 33935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Janet A. Caster - JANET A. CASTER</u> <u>5-1-07</u> <u>(813) 675-4785</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			