

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000080875

1. Entity Name  
APOLO SEPTIC TANK, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:08

Principal Place of Business  
2655 SW HWY 484  
OCALA, FL 34473

Mailing Address  
2655 SW HWY 484  
OCALA, FL 34473

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3347616

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAVICIC, KATICA  
2977 SW 137 LANE  
OCALA, FL 34473

7. Name and Address of New Registered Agent

Name James A. Rees, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
2655 SW Hwy 484

City Ocala

FL

Zip Code  
34473

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.

James A. Rees, Jr.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete  
NAME PAVICIC, KATICA  
STREET ADDRESS 2977 SW 137TH LANE  
CITY-ST-ZIP Ocala, FL 34473

TITLE V ☒ Delete  
NAME NEUMAN, PAUL C  
STREET ADDRESS 4937 NW 69TH ST  
CITY-ST-ZIP Ocala, FL 34482

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME James A. Rees, Jr.  
STREET ADDRESS 2655 SW Hwy 484  
CITY-ST-ZIP Ocala, Florida 34473

TITLE Secretary ☒ Change ☐ Addition  
NAME Melissa D. Rees  
STREET ADDRESS 2655 SW Hwy 484  
CITY-ST-ZIP Ocala, Florida 34473

TITLE ☐ Change ☐ Addition  
NAME 300042608963  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*James A. Rees*

President / Director

11-5-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/04