2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P95000080875 1. Entity Name APOLO SEPTIC TANK, INC.										FILE			
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Principal Plac	e of Busines	s	Mail	ing Address -				-	T SEÁS	YAATBE	OF STA	TE.	
Principal Place of Business 2655 SW HWY 484 OCALA, FL 34473			26	2655 SW HWY 484 OCALA, FL 34473					TALL	AHASSE	Ĕ, FLOR	İDA	
				-				1 (88)(88) (1	1 (211 211) 1211 1811 C		7 11 12 14 15 16 16 16 16 16 16 16		
2. Principal Place of Business			3. M	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				11292004	Chg-P	CR2E	034 (10/03)		
City & State			Cit	City & State				4. FEI Numb 59-334				plied For t Applicable	
Zip	Country		Zij	Zip Cour		ntry			\$8.75 Add	75 Additional Required			
6. Name and Address of Curren			rrent Registe	t Registered Agent			7. Name and Address of New Registered Agent						
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT												- .,	
REES, JAM 2655 SW H OCALA, FI	HWY 484						Street Address (P.O. Box Number is Not Acceptable)						
						O'h :			•		1 = 2 .		
						City				FL	-	,	
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													
TO IT INSTITUTE AND A CONTROL OF THE PROPERTY													
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS	AND DIRECT	ORS -	11.			ADDITIONS	L /CHANGES TO OF	FICERS ANI	D DIRECTORS	S IN 11	
TITLE	P Director					.E	Ass	T	P - Direc		Change	X Addition	
NAME	REES, JAMES A					AE	Wil	lam Rob	erts	CO1		_	
STREET ADDRESS CITY-ST-ZIP	2655 SW				ÉET ADDRESS 7-ST-ZIP	265	5 SW Hw	y,484			{		
TITLE	DJ						Uca	la, FL	344/3				
NAME	S DIFECTOR Delete III							·	опоир	47.4	Change	☐ Addition	
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CITY-ST-ZIP					5	/-ST-ZIP				-		-	
TITLE				☐ Delete	TITL						☐ Change	Addition	
NAME Street address					NAM	AE EET ADDRESS	\	/(1/2, 1/2	b				
CITY-ST-ZIP						r-ST-ZIP		Bur	`				
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NAME Street address					NAM								
CITY-ST-ZIP		•				EET ADDRESS /-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 eath; 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.													
110000 000													
SIGNAT	'URE: _	SIGNATURE AND TYPE	ED OR PRINTED N	AME OF SIGNING OFFICER	OR DIREC	TOR		11.30	Date	352-	50/- / Daytime Phone #	<u> 799</u>	