


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90069 037 ***150.00

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| DOCUMENT # P97000007861 | | | |  | |
| 1. Entity Name AA SEPTIC PUMPING, INC. | | | | | |
| Principal Place of Business 8442 W BEAVER ST JACKSONVILLE, FL 32220 | | | Mailing Address 8442 W BEAVER ST JACKSONVILLE, FL 32220 | | |
| 2. Principal Place of Business - No P.O. Box # 8300 W. BEAVER ST. | | 3. Mailing Address 8300 W. BEAVER ST. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE | | City & State JACKSONVILLE | | 4. FEI Number 59-3450840 | |
| Zip FL | | Country 32220 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JOYNER, SANDRA G 135 BULLS BAY HWY JACKSONVILLE, FL 32220 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 JOYNER, SANDRA 135 BULLS BAY HIGHWAY JACKSONVILLE, FL 32220 <input 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 | VP JOYNER, MADLYN 135 BULLS BAY HWY JACKSONVILLE, FL 32220 <input 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 | S JOYNER, BILLY W 1162 PEBBLE RIDGE DR. JACKSONVILLE, FL 32220 <input 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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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>Madlyn Joyner</u> <u>MADLYN JOYNER</u> Date <u>3/30/07</u> | | | | | |