


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90024 001 \*\*\*150.00

<b>DOCUMENT # P97000103610</b>	
1. Entity Name <b>TRI-COUNTY SEPTIC SERVICE, INC.</b>	

Principal Place of Business <b>115 S LAWTON AVENUE ORANGE CITY, FL 32763</b>	Mailing Address <b>115 S LAWTON AVENUE ORANGE CITY, FL 32763</b>
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2. Principal Place of Business - No P.O. Box # <b>744 E. Rhode Island Ave.</b>	3. Mailing Address <b>P.O. Box 741172</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orange City, FL</b>	City & State <b>Orange City, FL</b>
Zip <b>32763</b>	Zip <b>32774-1172</b>
Country <b>Volusia</b>	Country <b>Volusia</b>

6. Name and Address of Current Registered Agent <b>PESARE, ANTHONY J JR. 115 S LAWTON AVENUE ORANGE CITY, FL 32763</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: Anthony J. Pesare Anthony J. Pesare - President Jan. 14, 2008  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PESARE, ANTHONY J JR. 115 S LAWTON AVENUE ORANGE CITY, FL 32763 <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 PESARE, TRACY M 115 S LAWTON AVENUE ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO V.P.</b>
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: Anthony J. Pesare Anthony J. Pesare - President 1/14/08 (386) 774-2055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #