


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/2

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-03-2005 90064 014 ***150.00

DOCUMENT # P98000023395 1. Entity Name DON'S SEPTIC SERVICE, INC.	
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Principal Place of Business
**8607 TRANQUIL DR.
SPRINGHILL, FL 34606**

Mailing Address
**8607 TRANQUIL DR.
SPRINGHILL, FL 34606**

66026225



07282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3497961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRETTYMAN, DONALD L
8607 TRANQUIL DR.
SPRINGHILL, FL 34606**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

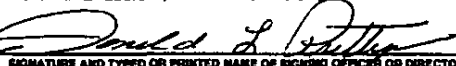
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRETTYMAN, DONALD L 8607 TRANQUIL DR. SPRINGHILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRETTYMAN, ANN MARIE 8607 TRANQUIL DR. SPRINGHILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/05
Date

Daytime Phone #