

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059831

FILED
Apr 27, 2005
Secretary of State

Entity Name: ANYTIME SEPTIC SERVICE, INC.

Current Principal Place of Business:

6405 PARK ROAD
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 60002
FORT MYERS, FL 339060002 US

New Mailing Address:

FEI Number: 65-0847806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNES, LEEANNE M
7241 RICH RD
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DERBY, DONALD R
Address: 6405 PARK ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: DV () Delete
Name: DERBY, DONALD R JR.
Address: 7241 RICH ROAD
City-St-Zip: FORT MYERS, FL 33917

Title: V (X) Delete
Name: COURTWRIGHT, MARVIN D
Address: 261 MATECUABE LANE
City-St-Zip: NAPLES, FL 33917

Title: ST () Delete
Name: DOWNES, LEEANNE M
Address: 7241 RICH ROAD
City-St-Zip: FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEEANNE M DOWNES

ST

04/27/2005

Electronic Signature of Signing Officer or Director

Date