

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000042591

Entity Name: A. GATOR SEPTIC SERVICE, INC.

FILED
Jun 08, 2005
Secretary of State

Current Principal Place of Business:

7990 MAINLINE PARKWAY
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

7990 MAINLINE PARKWAY
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0924396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, CARLOS DAVID T
971 MICHIGAN AVENUE
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, CHAD E P
Address: 971 MICHIGAN AVENUE
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: EVANS, JAMES M S
Address: 971 MICHIGAN AVENUE
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: LEE, CARLOS DAVID T
Address: 971 MICHIGAN AVENUE
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: EVANS, JON C VP
Address: 971 MICHIGAN AVENUE
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: CONKLIN, TODD S VP
Address: 7990 MAINLINE PARKWAY
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: VP () Change (X) Addition
Name: WILES, BRYAN K VP
Address: 7990 MAINLINE PARKWAY
City-St-Zip: FORT MYERS, FL 33912

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: CARLOS DAVID LEE

T

06/08/2005

Electronic Signature of Signing Officer or Director

Date