
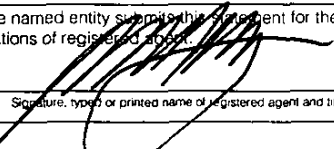
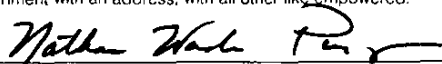


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 041 ***150.00

DOCUMENT # P99000042591					
1. Entity Name A. GATOR SEPTIC SERVICE, INC.					
Principal Place of Business 7990 MAINLINE PARKWAY FORT MYERS, FL 33912			Mailing Address 7990 MAINLINE PARKWAY FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # 6091 Bur Oaks Lane		3. Mailing Address P.O. Drawer 60205			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, FL		City & State Fort Myers, FL		4. FEI Number 65-0924396	
34119		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		33906		Country	
6. Name and Address of Current Registered Agent LEE, CARLOS DAVID 7990 MAINLINE PARKWAY FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Robert D. Royston, Jr., Esquire Street Address (P.O. Box Number is Not Acceptable) 12670 New Brittany Blvd. Suite 101 City Fort Myers, FL FL Zip Code 33907		
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: 3/6/07					
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					
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	P, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CHAD E		NAME	Wade Purvis	
STREET ADDRESS	7990 MAINLINE PARKWAY		STREET ADDRESS	6091 Bur Oaks Lane	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34119	
TITLE	SEC.	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JAMES M		NAME	David Itterely, II	
STREET ADDRESS	7990 MAINLINE PARKWAY		STREET ADDRESS	6091 Bur Oaks Lane	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34119	
TITLE	TREA	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CARLOS DAVID		NAME		
STREET ADDRESS	7990 MAINLINE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JON C		NAME		
STREET ADDRESS	7990 MAINLINE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITTERELY II, DAVID		NAME		
STREET ADDRESS	7990 MAINLINE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-16-07 239-267-4541		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40039010



03062007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0924396 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Robert D. Royston, Jr., Esquire

Street Address (P.O. Box Number is Not Acceptable)

12670 New Brittany Blvd.

Suite 101

City Fort Myers, FL FL Zip Code

33907

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: 3/6/07

FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES

NAME MOORE, CHAD E

STREET ADDRESS 7990 MAINLINE PARKWAY

CITY-ST-ZIP FORT MYERS, FL 33912

TITLE SEC.

NAME EVANS, JAMES M

STREET ADDRESS 7990 MAINLINE PARKWAY

CITY-ST-ZIP FORT MYERS, FL 33912

TITLE TREA

NAME LEE, CARLOS DAVID

STREET ADDRESS 7990 MAINLINE PARKWAY

CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VP

NAME EVANS, JON C

STREET ADDRESS 7990 MAINLINE PARKWAY

CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VP

NAME IITTERELY II, DAVID

STREET ADDRESS 7990 MAINLINE PARKWAY

CITY-ST-ZIP FORT MYERS, FL 33912

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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: Nathan Wade Purvis

3-16-07 239-267-4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #