

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042591

FILED
Feb 13, 2009
Secretary of State

Entity Name: A. GATOR SEPTIC SERVICE, INC.

Current Principal Place of Business:

6091 BLUR OAKS LANE
NAPLES, FL 34119

New Principal Place of Business:

6091 BUR OAKS LANE
NAPLES, FL 34119

Current Mailing Address:

C/O JOHN M. WICKER PA
PO DRAWER 60205
FORT MYERS, FL 33906

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:

WICKER, JOHN M PA
12670 NEW BRITTANY BLVD. STE. 101
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 US

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: JOHN M. WICKER

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PURVIA, WADE
Address: 6091 BUR OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: ITTERLY, DAVID II
Address: 6091 BUR OAKS LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: PURVIS, WADE
Address: 6091 BUR OAKS LANE
City-St-Zip: NAPLES, FL 34119

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WADE PURVIS

DPST

02/13/2009

Electronic Signature of Signing Officer or Director

Date