2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# S48251

Entity Name: PIT STOP PORTABLE TOILETS OF TALLAHASSEE, INC.

Current Principal Place of Business:

5805 TOWER RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

5805 TOWER RD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3063167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DENNIS E
5805 TOWER RD
TALLAHASSEE, FL 32303 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, DENNIS E.,
Address: 5805 TOWER RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: VTD ( ) Delete
Name: PITTMAN, RICKEY
Address: 5805 TOWER RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete
Name: HOOPER, ELENA
Address: 5805 TOWER RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete
Name: SMITH, MARY ALICIA
Address: 5805 TOWER RD
City-St-Zip: TALLAHASSEE, FL 32303

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: S (X) Change ( ) Addition
Name: SMITH, LAURA N
Address: 5805 TOWER RD
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: DR ( ) Change (X) Addition
Name: MCALLISTER, CHRISTOPHER
Address: 5805 TOWER ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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: LAURA SMITH S 07/11/2005

Electronic Signature of Signing Officer or Director Date