2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## FILED Feb 20, 2006 08:00 AN Secretary of State DOCUMENT # F06400 1. Entity Name DAMPIER SEPTIC TANK, INC. Principal Place of Business Mailing Address 7030 NW 23RD WAY 7030 NW 23RD WAY GAINESVILLE FL 32653 GAINESVILLE FL 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2040886 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAMPIER, BETTY Street Address (P.O. Box Number is Not Acceptable) 7030 N.W. 23RD WAY GAINESVILLE FL 32653 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STD ☐ Delete TITLE ☐ Change NAME DAMPIER, BETTY NAME U00000442034 STREET ADDRESS STREET ADDRESS 7030 N.W. 23RD WAY 03/04/06-80002-021 150.00 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL TITLE Delete Addition DAMPIER, WILBUR A NAME NAME STREET ADDRESS 7030 N.W. 23RD WAY STREET ADDRESS CITY-ST-719 GAINESVILLE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME DAMPIER, BRENDA JEAN NAME STREET ADDRESS 7030 N.W. 23RD WAY STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP GAINESVILLE FL VΡ TITLE Delete MILE ☐ Change Addition NAME DAMPIER, FREDDIE A MAME STREET ADDRESS 7030 NW 23RD WAY STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7IP

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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

NG OFFICER OR DIRECTOR