2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

Fee Required

| DOCL | JMFNT | # FNA | 3400 |
|------|--------------|-------|------|
| | | | |

DAMPIER SEPTIC TANK, INC.



Principal Place of Business

7030 NW 23RD WAY GAINESVILLE, FL 32653 US Mailing Address

7030 NW 23RD WAY GAINESVILLE, FL 32653 US



DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|-----------|-----------------|
| 59-2040886 | | Not Applicable |
| 5. Certificate of Status Desired | \$8.7 | Additional |

6. Name and Address of Current Registered Agent

DAMPIER, BETTY 7030 N.W. 23RD WAY GAINESVILLE, FL 32653

| | | . : | | | THIS SPACE |
|--|--|---|---------------|--------------------------------|--|
| | named entity submits this statement for the p tions of registered agent. | urpose of changing its registered | office or | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if | f applicable. (NOTE: Registered As | rent signatur | a required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financir Trust Fund Contribution. | ig 🗆 | \$5.00 May Be Added to Fees | |
| 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT STD DAMPIER, BETTY 7030 N.W. 23RD WAY GAINESVILLE, FL DP DAMPIER, WILBUR A 7030 N.W. 23RD WAY GAINESVILLE, FL DV DAMPIER, BRENDA JEAN 7030 N.W. 23RD WAY GAINESVILLE, FL | CTORS | | * | 000000621135 02/12/07-80004-023 150.00 NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | VP DAMPIER, FREDDIE A 7030 NW 23RD WAY GAINESVILLE, FL 32653 | | | IN | THIS SPACE |

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.