

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60156

FILED
Mar 22, 2005
Secretary of State

Entity Name: A-ABLE SEPTIC-SEWER SERVICE, INC.

Current Principal Place of Business:

2190 N. CREDE AVENUE
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

2190 N. CREDE AVENUE
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

FEI Number: 59-2326040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKINGHAM, HAROLD
2190 N. CREDE AVE
CRYSTAL RIVER, FL 34428 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUCKINGHAM, HAROLD
Address: 2190 N. CREDE AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S () Delete
Name: SEFFERN, TRACY
Address: 1604 S MERLE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SEFFERN, TRACY
Address: 2190 N. CREDE AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

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: TRACY SEFFERN

S

03/22/2005

Electronic Signature of Signing Officer or Director

_____ Date