

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 23, 2006  
Secretary of State**

DOCUMENT# G60156

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:**

HOOKER, WILLIAM R  
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

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: HOOKER, WILLIAM R  
Address: 2190 N. CREDE AVENUE  
City-St-Zip: CRYSTAL RIVER, FL 34428

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL D. RUBIN

P

10/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date