

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # S23529 1. Entity Name GRISWOLD PEST CONTROL, INC.					
Principal Place of Business 476 CORBEL DR NAPLES FL 34110 US			Mailing Address P O BOX 110398 NAPLES FL 34108-0107 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0234559	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable ☐			
5. Name and Address of Current Registered Agent GRISWOLD, DONALD, SR. 476 CORBEL DR NAPLES FL 34110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May E. Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRISWOLD, DONALD, SR. 476 CORBEL DR NAPLES FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRISWOLD, DONALD JR 476 CORBEL DR NAPLES FL 34110	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Griswold Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #