

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K28538

**Entity Name:** HOSKINS PEST CONTROL, INC.

**Current Principal Place of Business:**

119 CORPORATION WAY  
SUITE A  
VENICE, FL 34285

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC9536036722**

**Current Mailing Address:**

119 CORPORATION WAY  
SUITE A  
VENICE, FL 34285 US

**FEI Number: 65-0064036**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOSKINS, HOWARD C.  
119 CORPORATION WAY  
SUITE A  
VENICE, FL 34285 US

*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

**Officer/Director Detail :**

Title PD  
Name HOSKINS, HOWARD C  
Address 720 MYRTLE AVE  
City-State-Zip: VENICE FL 34285

Title VP  
Name STRICKLAND, MARY JO A  
Address 720 MYRTLE AVE.  
City-State-Zip: VENICE FL 34285

Title VP  
Name ROSE, JASON W  
Address 720 N ELM ST.  
City-State-Zip: ENGLEWOOD FL 34223

Title SECRETARY, TREASURER  
Name ARIGO, REGINA F  
Address 4258 VICENZA DRIVE UNIT B  
City-State-Zip: VENICE FL 34293

Title VP  
Name BONESTELL, SCOTT C  
Address 12113 GORDON AVE  
City-State-Zip: PORT CHARLOTTE FL 33981

*I hereby 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 all other like empowered.*

**SIGNATURE: MARYJO STRICKLAND**

**OFFICE MANAGER**

**02/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date