


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-22-2006 90046 024 ***550.00

DOCUMENT # 256129 1. Entity Name CLEMENTS' PEST CONTROL SERVICES, INC.	
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Principal Place of Business 545 1ST STREET VERO BEACH, FL 32962	Mailing Address 545 1ST STREET VERO BEACH, FL 32962
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0973234	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLADE, RONALD M SR. 545 1ST STREET VERO BEACH, FL 32962

**DO NOT WRITE
IN THIS SPACE**

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 Ronald M. Slade, Sr. Ronald M. Slade, Sr. 5-11-06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLADE, RONALD M SR. 545 1ST STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLADE, RONALD M JR. 1636 31ST AVENUE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLADE, TIMOTHY T 1380 19TH AVENUE S.W. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLADE, JERRIAN R 545 1ST STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLADE, KEVIN M 545 1ST. ST. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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.

SIGNATURE: Ronald M. Slade, Sr. Ronald M. Slade, Sr. 6/20/06 972-562-6450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone