

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 390069**

1. Entity Name  
**TRAVIS PEST MANAGEMENT, INC.**



Principal Place of Business  
**2541 SE CLAYTON STREET  
STUART, FL 34997-5017 US**

Mailing Address  
**P O BOX 1906  
STUART, FL 34995-1906 US**

**DO NOT WRITE IN THIS SPACE**



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1363454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TRAVIS, GERALD P  
2541 CLAYTON ST  
STUART, FL 34997**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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 TRAVIS, GERALD 1275 NW PINE LAKE DR STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TRAVIS, BERTIE 1275 NW PINE LAKE DR STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, GERALD J 12013 FRUITWOOD DR RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JONES, KAREN 792 NW WATERLILY PL JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, CHRISTOPHER 405 SE ASHLEY OAKS WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, ANITA 4132 CEDARGATE DR FORT COLLINS, CO 80526

000000499116  
04/24/06-80016-013 150.00

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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:** *Gerald P. Travis Pres Gerald P. Travis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-06 722-287-7411**

DATE

Daytime Phone #