

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 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**



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1363454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 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 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	D 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

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04/02/07-80004-009 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07

Date

772-287-7411

Daytime Phone #