

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 465120

1. Entity Name

GENE CREEL EXTERMINATING CO., INC.



Principal Place of Business

604 DRUID RD E
CLEARWATER BEACH FL 33767
US

Mailing Address

604 DRUID RD E
CLEARWATER BEACH FL 33767
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1547830**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONASSEN, WILLIAM S.
604 DRUID RD EAST
CLEARWATER BEACH FL 33767

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CREEL, CHARLES E. SR.
STREET ADDRESS 604 DRUID RD EAST
CITY-STATE-ZIP CLEARWATER BEACH FL 33767

TITLE ☐ Delete
NAME CREEL, PATRICIA A
STREET ADDRESS 604 DRUID RD EAST
CITY-STATE-ZIP CLEARWATER BEACH FL 33767

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000720151
CITY-STATE-ZIP 05/01/07-80093-010 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

Patricia A. Creel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Daytime Phone #