

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 465292

1. Entity Name
A-ACTION EXTERMINATORS, INC.



Principal Place of Business
**105 BEACH DR., SUITE A-5
FORT WALTON BEACH, FL 32547**

Mailing Address
**105 BEACH DR., SUITE A-5
FORT WALTON BEACH, FL 32547**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1591612

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRATZ (RAYMOND LESLEY)
105 BEACH DR
STE A-5
FT WALTON BCH., FL 32547**

**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

Raymond Kratz

(NOTE: Registered Agent signature required when re-registering)

DATE

2-2-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**P
POOLE, RON R
105 BEACH DR., SUITE A-5
FT. WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KRATZ, RAYMOND D
611 CAMBRIDGE AVE.
FORT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
WARNER, JUSTIN D
105 BEACH DR., SUITE A-5
FORT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000036414
02/06/04-80057-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Justin Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-04 850-862-3631