


FILED
Feb 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 010 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 511236 1. Entity Name PEST STOP EXTERMINATING CO., INC.		
Principal Place of Business 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166	Mailing Address 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent PAYNE, CARL WESLEY 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166		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: <u><i>Carl W. Payne (Pres)</i></u> <u><i>CB 2-17-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDV PAYNE, CARL WESLEY 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PAYNE, CAROL L. 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <u><i>Carl W. Payne (Pres)</i></u> <u><i>2-17-06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		

66002491



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1687819** ☒ Applied For ☐ Not Applicable

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



ATTACHMENT
66002491

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

PEST STOP EXTERMINATING CO., INC.
270 LINWOOD DRIVE
MIAMI SPRINGS, FL 33166

*See
attached
cf*

Subject: **PEST STOP EXTERMINATING CO., INC.**

Reference Number: **511236**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION