2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577091

City-St-Zip:

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name: Address: PLANT CITY, FL

PLANT CITY, FL

PLANT CITY, FL

MERRILL, CYNTHIA,

MERRILL, ALLEN D.,

2224 RIGHTAWAY LANE

2224 RIGHTAWYA LANE

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() Delete

FILED Apr 24, 2007 Secretary of State

Entity Name: CROSS PEST CONTROL OF PLANT CITY, INC.						
Current Pr	incipal Place	e of Business:	New Prince	New Principal Place of Business:		
606 S EVER PLANT CIT	RS ST Y, FL 33563					
Current Ma	ailing Addres	ss:	New Maili	New Mailing Address:		
606 S EVER PLANT CIT	RS ST Y, FL 33563					
FEI Number:	59-1830502	FEI Number Applied For ()	FEI Number Not App	licable () C	ertificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	TERRY RS STREET Y, FL 33563	US				
The above in the State		submits this statement for the p	urpose of changing	its registered offic	ce or registered agent, or both,	
SIGNATUR	E:					
	Electror	nic Signature of Registered Age	nt	Date		
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MERRILL, RUT 606 S. EVERS PLANT CITY, F	ST.	Title: Name: Address: City-St-Zip:	PD (X) C BOLES, RENITA k 606 S. EVERS ST PLANT CITY, FL		
Title: Name: Address: City-St-Zip:	VST () BALLARD, TER 606 S. EVERS PLANT CITY, F	ST.	Title: Name: Address: City-St-Zip:	VPD (X) C BOLES, MITCHEL 606 S. EVERS ST PLANT CITY, FL		
Title: Name: Address:	D () JONES, ROBEI 4003 S. EDWA	•	Title: Name: Address:	VSTD (X) C BALLARD, DAPHN 606 S. EVERS ST		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PLANT CITY, FL 33563

BALLARD, TERRY O

PLANT CITY, FL 33563

PLANT CITY, FL 33563

606 S. EVERS ST.

SALO, TERESA A

606 S. EVERS ST.

(X) Change () Addition

(X) Change () Addition

VASD

SIGNATURE: RENITA K. BOLES PD 04/24/2007