

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 20 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 630897

1. Entity Name
SUNNY SOUTH EXTERMINATORS OF HIGHLANDS
COUNTY, INC.



Principal Place of Business
3229 KENILWORTH BLVD
SEBRING, FL 33870

Mailing Address
3229 KENILWORTH BLVD
SEBRING, FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1940194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINCLAIR, GAIL
3229 KENILWORTH BLVD
SEBRING, FL 33870

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPT
SINCLAIR, GAIL
3229 KENILWORTH BLVD
SEBRING, FL 33870 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
700080193447
09/26/06--01072--021 **550.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SINCLAIR, RICHARD
3229 KENILWORTH BLVD
SEBRING, FL 33870 ☐ Delete

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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

RICHARD EARL SINCLAIR
PRESIDENT

Date

9/18/06

Daytime Phone #

(863) 381-1272

K. Eckel SEP 21 2006