


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 677970 1. Entity Name FORT MYERS PEST CONTROL, INC.	
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Principal Place of Business 7987 MERCANTILE STREET N E P O BOX 3518 N FT MYERS, FL 33917 US	Mailing Address 7987 MERCANTILE STREET N E P O BOX 3518 N FT MYERS, FL 33918 US
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04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2017111	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, DAVID W.
7987 MERCANTILE ST., N.W
P.O. BOX 3668
N FORT MYERS, FL 33917**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP BROOKS, DAVID W. 7987 MERCANTILE ST NE N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROOKS, CAROLYN E. 7987 MERCANTILE ST NE N FT. MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/18/05-80052-014 150.00

**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)(f), 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: David W. Brooks David W. Brooks 4-15-05 239-343-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #