


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F02595 1. Entity Name J.L. MORRIS PEST CONTROL, INC. |  |
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| Principal Place of Business C/O JEFFERY L. MORRIS 11702 ROLLING OAKS LANE TAMPA, FL 33618 | Mailing Address C/O JEFFERY L. MORRIS 11702 ROLLING OAKS LANE TAMPA, FL 33618 |
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02082005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2035564 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

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| 6. Name and Address of Current Registered Agent MORRIS, VIVIAN G 11702 ROLLING OAKS LN. TAMPA, FL 33618 |
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**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**

U00000270548
03/21/05-90011-019 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, VIVIAN G. 11702 ROLLING OAKS LN. TAMPA, FL 33618 |
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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: *Vivian Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/18/05 813-264-830
Date Daytime Phone #