## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 23, 2007 8:00 am DOCUMENT # F74037 **Secretary of State** 1. Entity Name 01-23-2007 90040 021 \*\*\*150.00 CUNNINGHAM PEST CONTROL, INC. Principal Place of Business Mailing Address 110 SW 9TH STREET 110 S.W. 9TH ST **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business - No P O. Box # 1105 w 9 5 5 5 5 Suite, Apt. #, etc. 3. Mailing Address 110 5 W 9 5 5.7. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 59-2179152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUNNINGHAM, HOWARD G Street Address (P.O. Box Number is Not Acceptable) 110 S.W 9TH ST **BOYNTON BEACH FL 33426** Zip Code 20 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. NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00-Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 01113 Delete mm Change Addition CUNNINGHAM, HOWARD G NAMI MAM 110 SW 9TH ST STREET ADDRESS STREET LADDRESS **BOYNTON BEACH FL 33426** CHY ST ZIP CHY ST ZIP ☐ Delete Change ☐ Addition SHAEFER, MARY LOU 110 S.W. 9TH ST STREET ADDRESS STREET LADDRESS CITY ST ZIP **BOYNTON BEACH FL 33426** CHY ST ZIP TITLE ☐ Defete THE ☐ Change Addition NAME NAMI STREET ADDRESS STREET LADDRESS CITY ST 7IP CITY ST ZIP Delete Change ☐ Addition NAMI NAMI STREET ADDRESS STREET LADDRESS CHY SI 70° CHY ST ZIP IIII ☐ Defete 11111 Change ☐ Addition NAME NAMI STRULT ADDRESS STREET LADDRESS CHY-SL ZIP CHY ST /IP Delete DHE Change ☐ Addition NAME NAMI STREET ADORESS STRUET ADDRESS CITY - ST - ZIP CHY+SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early; 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.

FILED

tan. 18, 2007 561-6\$52454