

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 008 ***150.00

DOCUMENT # G07617

1. Entity Name
ALACHUA PEST CONTROL, INC.



Principal Place of Business
14900 NW 140TH ST
ALACHUA, FL 32615 US

Mailing Address
P O BOX 1132
ALACHUA, FL 32616-1132 US

50042693



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2437827

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOMEU, JOSE J
14900 NW 140 ST
ALACHUA, FL 32615

**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 P
NAME TOMEU, JOSE J
STREET ADDRESS 17323 NW CR 239
CITY-ST-ZIP ALACHUA, FL 32615-4315

TITLE ST
NAME TOMEU, FERN E.
STREET ADDRESS 17323 NW CR 239
CITY-ST-ZIP ALACHUA, FL 32615-4315

TITLE
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CITY-ST-ZIP

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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)(i), 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:

Fern E. Tomeu Fern E. Tomeu

4/19/05 (386)462-2958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #