## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 02, 2007 8:00 am DOCUMENT # G26845 **Secretary of State** 1. Entity Name 03-02-2007 90027 020 \*\*\*150.00 SAFEKILL PEST CONTROL INC. Principal Place of Business Mailing Address C/O EMMITT W. MONEY 3200 N POCATELLO RD AVON PARK FL 33825 C/O EMMÍTT W. MONEY 342 LEMON AVE SEBRING FL 33870 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 342 Emon Aue Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2262572 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired *I*SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONEY, EMMITT W. Street Address (P.O. Box Number is Not Acceptal 342 (Emon ) UEKUE 3200 N. POCATELLO RD. **AVON PARK FL 33825** 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of (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. DP MONEY, Emmitt W. 342 Lemon AUE. TITLE Delete TITLE Change ☐ Addition MONEY, EMMITT W NAME NAME 3200 N POCATELLO RD STREET ADDRESS STREET ADDRESS **AVON PARK FL 33825** CITY-ST-ZIP BRING, FL 33870 CITY - ST - ZIP DS TITLE Delete TIFLE ☐ Change ☐ Addition MONEY, SHERRY F. NAME 3200 N.POCATELLO RD. STREET ADDRESS STREET ADDRESS AVON PARK, FL 00000 CITY-ST-ZIP CITY - S1 - ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1-7IP CITY - ST - ZIP Delete TITLE THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP HILE ☐ Delete MILE ☐ Change ■ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby cortify 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 eath; 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

Date

Daytime Phone #