

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G31368

1. Entity Name
TOM & JERRY'S PEST CONTROL, INC.



Principal Place of Business
**2455 JAY JAY ROAD
TITUSVILLE, FL 32796**

Mailing Address
**2455 JAY JAY ROAD
TITUSVILLE, FL 32796**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2062206

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAMB, ALBERT G.
2455 JAY JAY ROAD
TITUSVILLE, FL 32796**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000555767
05/16/06-80048-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMB, ALBERT G.
STREET ADDRESS	2326 HOLDER RD
CITY - ST - ZIP	MIMS, FL

TITLE	STD
NAME	LAMB, CASSANDRA H.
STREET ADDRESS	2326 HOLDER RD
CITY - ST - ZIP	MIMS, FL

TITLE	C
NAME	LAMB, ALBERT THOMAS
STREET ADDRESS	2326 HOLDER RD
CITY - ST - ZIP	MIMS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

Albert G. Lamb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert G. Lamb 4266 321-267-5272

Date

Daytime Phone #