

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90041 019 ***158.75

DOCUMENT # H07704

1. Entity Name

AAERO MASTER INSECT MANAGEMENT, INC.



Principal Place of Business

22159 U.S. 19 NORTH
P.O. BOX 5263
CLEARWATER FL 33758
US

Mailing Address

22159 U.S. 19 NORTH
P.O. BOX 5263
CLEARWATER FL 33758
US

2. Principal Place of Business
258 Dunbridge Drive

3. Mailing Address
P.O. Box 5263

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Harbor, FL 34684

City & State
Clearwater, FL 33758-5263

4. FEI Number
59-2437485

Applied For
Not Applicable

Zip
34684

Country
USA

Zip
33758-5263

Country
USA

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

6. Name and Address of Current Registered Agent

**THOMPSON, JERALD C.
258 DUNBRIDGE DRIVE
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **THOMPSON, JERALD C.**
STREET ADDRESS **258 DUNBRIDGE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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:

Jerald C. Thompson
Jerald C. Thompson

2/1/06

(727) 791-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #