

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90205 029 ***150.00

DOCUMENT # H45302

1. Entity Name

LEA'S PEST CONTROL OF TAMPA, INC.

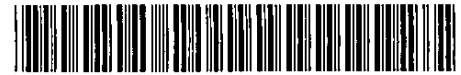


Principal Place of Business

7818A NORTH ARMENIA AVENUE
TAMPA FL 33604

Mailing Address

7818A NORTH ARMENIA AVENUE
TAMPA FL 33604



2. Principal Place of Business - No P.O. Box #

7814 N. ARMENIA AVE

Suite, Apt. #, etc.

N/A

3. Mailing Address

7814 N. ARMENIA AVE

Suite, Apt. #, etc.

N/A

1st MOORE

CR2E034 (10/06)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-2521549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33604

Country

Mississippi

Zip

33604

Country

Mississippi

6. Name and Address of Current Registered Agent

ALLEN, C. STEPHEN, ESQ.
3606 SWANN DR
TAMPA FL 33609

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD ☐ Delete
NAME GARON, ROBERT A.
STREET ADDRESS 6642 WINDING OAK DRIVE
CITY ST/ZIP TAMPA FL

TITLE V ☐ Delete
NAME LEA, WILLIAM E.
STREET ADDRESS 217 RIDGEWOOD AVE
CITY ST/ZIP HOLLY HILLS FL 32117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST/ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST/ZIP

TITLE ☐ Delete
NAME
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

TITLE ☐ Change ☐ Addition
NAME
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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: Robert A. Garon ROBERT A. GARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

813-932-8979

Daytime Phone #