

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90275 027 ***150.00

DOCUMENT # H92108 1. Entity Name A & B PEST CONTROL SERVICES, INC.	
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Principal Place of Business 3551 CHATTANOOGA VALLEY ROAD FLINTSTONE, GA 30725 US	Mailing Address 3355 BEARSS AVENUE TAMPA, FL 33618 US
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DO NOT WRITE IN THIS SPACE



03072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2646926	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618	DO NOT WRITE IN THIS SPACE
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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 Walter Sanders Walter Sanders 04/05/04
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS DAVIDSON, ALLEN 4676 CLOUD SPRINGS ROAD RINGGOLD, GA 30736
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**DO NOT WRITE
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: Allen Davidson 4/12/04 (706) 820-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #