

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # J32093

1. Entity Name
OCALA PEST CONTROL, INC.



Principal Place of Business
**6323 SE 110TH ST
BELLEVUE, FL 34420**

Mailing Address
**PO BOX 1169
BELLEVUE, FL 34421 US**



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2763143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARDY, RICHARD W.
113 PARK DRIVE
SAN MATEO, FL 32187**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARDY, RICHARD W.
113 PARK DRIVE
SAN MATEO, FL 32187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARDY, RICHARD W.
113 PARK DRIVE
SAN MATEO, FL 32187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HARDY, DOROTHY A.
113 PARK DRIVE
SAN MATEO, FL 32187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HARDY, RICHARD JR.
6323 S.E. 62ND ST
OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000660271
03/19/07-80019-006 150.00

**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: *Richard W. Hardy* *Arnold W. Hardy* 3-07-07 427-7907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #