

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90201 033 ***150.00

DOCUMENT # J93510

1. Entity Name
TARPON PEST CONTROL, INC.



Principal Place of Business

**960 SUNRISE DR
TARPON SPRINGS, FL 34689 US**

Mailing Address

**P.O. BOX 152
TARPON SPRINGS, FL 34689 US**

2. Principal Place of Business

**950 EMERSON DR
Suite, Apt. #, etc.**

3. Mailing Address

**950 EMERSON DR
Suite, Apt. #, etc.**



04272005 Chg-P CR2ED34 (10/03)

City & State

DUNEDIN FL.

City & State

DUNEDIN FL.

4. FEI Number

59-2846900

Applied For

☐ Not Applicable

Zip

34698

Country

PINELLAS

Zip

34698

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RITCHIE, DOUGLAS W.

28575 US HWY 19 N

PALM HARBOR, FL 34683

**950 EMERSON DR.
DUNEDIN, FL.
34698**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RITCHIE, DOUGLAS W.**
STREET ADDRESS **28575 US HWY 19 N 950 EMERSON DR.**
CITY - ST - ZIP **PALM HARBOR, FL 34683 DUNEDIN, FL 34698**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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CITY - ST - ZIP

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 names empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

727-560-3257

Date

Daytime Phone #