

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90120 011 ***150.00

DOCUMENT # K04321

1. Entity Name

AFFORDABLE PEST CONTROL OF HILLSBORO COUNTY, INC.



Principal Place of Business

**3605 MY WAY
P.O. BOX 839
THONOTOSASSA FL 33592-0839**

Mailing Address

**3605 MY WAY
P.O. BOX 839
THONOTOSASSA FL 33592-0839**

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

3605 My Way

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 839

Suite, Apt. #, etc.

City & State

Thonotosassa, FL

City & State

Thonotosassa, FL.

Zip

33592

Country

Hillsborough

Zip

33592

Country

Hillsborough

4. FEI Number

65-0024339

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, KENNY
10020 KENLAKE DRIVE
RIVERVIEW FL 33569**

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 fee. If applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 **D** ☐ Delete
NAME **SIMMONS, TERRY**
STREET ADDRESS **11509 N. GRADY AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Delete
NAME **SIMMONS, KENNY**
STREET ADDRESS **10020 KENLAKE DRIVE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
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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: *Kenny Simmons* **KENNY SIMMONS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 813-236-9350

Date

Daytime Phone