

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90133 007 ***150.00

DOCUMENT # L01912

1. Entity Name
ANCIENT CITY PEST CONTROL, INC.



Principal Place of Business

P.O. BOX 860263
3400 US 1 SOUTH
ST AUGUSTINE, FL 32086

Mailing Address

P.O. BOX 860263
3400 US 1 SOUTH
ST AUGUSTINE, FL 32086 US

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2959600

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, PEGGY
4628 AVE. D
ST AUGUSTINE, FL 32095

CHANGE OF REGISTERED AGENT

CLOW, ROBERT
3400 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

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 *Robert L. Clow*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CLOW, PATRICIA A
STREET ADDRESS 3400 US 1 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE VP
NAME CLOW, ROBERT
STREET ADDRESS 3400 US 1 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Patricia Clow* PATRICIA CLOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/28/05 904-797-3124