

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04238**

1. Entity Name  
**ACTION PEST & FLEA CONTROL, INC.**



Principal Place of Business  
**% DWIGHT EUGENE POLLOCK  
4300 8TH AVENUE NORTH  
ST PETERSBURG, FL 33713**

Mailing Address  
**% DWIGHT EUGENE POLLOCK  
4300 8TH AVENUE NORTH  
ST PETERSBURG, FL 33713**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2957678**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**POLLOCK, DWIGHT EUGENE  
4300 8TH AVENUE NORTH  
ST PETERSBURG, FL 33713**

**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 \_\_\_\_\_

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, 2008 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	PD POLLOCK, DWIGHT EUGENE 4300 8TH AVENUE NORTH ST PETERSBURG FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POLLOCK, DEBRA JAYNE 4300 8TH AVENUE NORTH ST PETERSBURG FL,
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02/28/08-80031-003 158.75

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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:**

*Debra J. Pollock*

**Debra J. Pollock**

Date

**1-16-08 729-327-7368**

Daytime Phone #