


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L30190 1. Entity Name CIMEX PEST MANAGEMENT, INC.	
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Principal Place of Business
**152 SYCAMORE DR.
DEBARY, FL 32713 US**

Mailing Address
**152 SYCAMORE DR.
DEBARY, FL 32713 US**



04242006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2981029 Applied
Not App

5. Certificate of Status Desired ☐ **\$8.75** Addition:
Fee Required

6. Name and Address of Current Registered Agent

**DEILUS, ALAN J.
152 SYCAMORE DR.
DEBARY, FL 32713**

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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 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, 2006 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 DEILUS, ALAN J. 152 SYCAMORE DRIVE DEBARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEILUS, MARIETTA 152 SYCAMORE DRIVE DEBARY, FL
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05/18/06-80056-017 150.00

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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 changed, or on an attachment with an address, with all other like empowered.