


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L57018	
1. Entity Name PEST MANAGEMENT SERVICES, INC.	

Principal Place of Business 12446 W COLONIAL DR WINTER GARDEN FL 34787 US	Mailing Address 12446 W COLONIAL DR WINTER GARDEN FL 34787 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3007183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARTON, FOY H 12508 SUMMERPORT BEACH WAY WINDERMERE FL 34786	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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME BUTTRAM, JAMES R.	TITLE	NAME
STREET ADDRESS 1734 NITA PLACE	CITY- ST- ZIP CLERMONT FL 34711	STREET ADDRESS	CITY- ST- ZIP
TITLE VP	NAME BARTON, FOY H.	STREET ADDRESS	CITY- ST- ZIP
STREET ADDRESS 12508 SUMERPORT BEACH WAY	CITY- ST- ZIP WINDERMERE FL 34786	STREET ADDRESS	CITY- ST- ZIP
TITLE S	NAME BUTTRAM, JOYCE	STREET ADDRESS	CITY- ST- ZIP
STREET ADDRESS 1734 NITA PLACE	CITY- ST- ZIP CLERMONT FL 34711	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	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 like empowered.

SIGNATURE: Foy H. Barton Foy H. BARTON 2-15-05 407-656-7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #