


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 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
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DO NOT WRITE IN THIS SPACE

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01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3007183	<input type="checkbox"/> 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

**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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTRAM, JAMES R. 1734 NITA PLACE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTON, FOY H. 12508 SUMERPORT BEACH WAY WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTTRAM, JOYCE 1734 NITA PLACE CLERMONT, FL 34711
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02/20/06-80028-017 150.00

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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: James R. Buttram **James R. Buttram**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-6-06** **407.656-7378**
Date Daytime Phone #