

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 044 ***150.00

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 - No P.O. Box #

730 9th ST.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Winter Garden, FL

City & State

FL

4. FEI Number

59-3007183

Applied For

Not Applicable

Zip

34787

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BUTTRAM, JAMES R.
STREET ADDRESS 1734 NITA PLACE
CITY- ST- ZIP CLERMONT FL 34711

TITLE VP ☐ Delete
NAME BARTON, FOY H.
STREET ADDRESS 12508 SUMMERPORT BEACH WAY
CITY- ST- ZIP WINDERMERE FL 34786

TITLE S ☐ Delete
NAME BUTTRAM, JOYCE
STREET ADDRESS 1734 NITA PLACE
CITY- ST- ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Foy H. Barton Foy H. Barton

2-16-07

407-656-7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #