

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L67684**

1. Entity Name

R & F PEST CONTROL, INC.



Principal Place of Business

1856 S.W. BAYSHORE BLVD  
PORT ST LUCIE FL 34984  
US

Mailing Address

1856 S.W. BAYSHORE BLVD  
PORT ST LUCIE FL 34984  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **65-0198988**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMOS, DAVID M  
805 DELAWARE AVE  
FT PIERCE FL 34950

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 fee payable.

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CAPPELLO, ROBERT J  
STREET ADDRESS 651 SE NORESMAN DR  
CITY- ST- ZIP PORT ST. LUCIE FL

TITLE ☐ Change ☐ Addition  
NAME U000000812157  
STREET ADDRESS 02/12/08-80035-005 150.00  
CITY- ST- ZIP

TITLE T ☐ Delete  
NAME CAPPELLO, ROBERT J  
STREET ADDRESS 651 SE NORSEMAN DR  
CITY- ST- ZIP PORT ST. LUCIE FL

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

STREET ADDRESS 651 SE NORSEMAN DR  
CITY- ST- ZIP PORT SAINT LUCIE FL 34983

STREET ADDRESS  
CITY- ST- ZIP

TITLE VP ☐ Delete  
NAME CAPPELLO, LUCILLE M  
STREET ADDRESS 651 SE NORSEMAN DR  
CITY- ST- ZIP PORT SAINT LUCIE FL 34984

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08 772 879-9163

DUES

Designation Page #