

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L92611

1. Entity Name
PEST CONTROL GENERAL STORE, INC.



Principal Place of Business

**2636 U.S. 19
HOLIDAY, FL 34691**

Mailing Address

**2636 U.S. 19
HOLIDAY, FL 34691**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3044059

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WADDELL-GIORDANO, MONA L
2636 U.S. 19
HOLIDAY, FL 34691**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000734480
05/09/07-80127-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WADDELL-GIORDANO, MONA L
STREET ADDRESS	2636 US 19
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	V
NAME	GIORDANO, PETER, A
STREET ADDRESS	2636 US 19
CITY-ST-ZIP	HOLIDAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mona L. Giordano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07 (727) 942-3551

Date

Daytime Phone #