

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90731 032 ***150.00

DOCUMENT # L96358

1. Entity Name

CONNER PEST CONTROL, INC.



Principal Place of Business

933 NW 118 WAY
CORAL SPRINGS FL 33071

Mailing Address

933 NW 118 WAY
CORAL SPRINGS FL 33071

2. Principal Place of Business

512 BEAR ROAD

Suite, Apt. #, etc.

LAKE PLACID, FL

City & State

3. Mailing Address

512 BEAR ROAD

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

Zip

33852

Country

HIGHLANDS

Zip

33852

Country

HIGHLANDS



MOORE

CR2E034 (11/03)

4. FEI Number

65-0219169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNER, CHARLES S.
933 NW 118 WAY
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name (SAME)

Street Address (P.O. Box Number is Not Acceptable)

512 BEAR ROAD

City

LAKE PLACID

FL

Zip Code

33852

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

4-28-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 DP
NAME CONNER, CHARLES S.
STREET ADDRESS 933 NW 118 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VST
NAME CONNER, DARLENE G
STREET ADDRESS 933 NW 118 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARLENE G. CONNER

Date

4-28-04

Daytime Phone #

863-6999002 OR
9543954231