

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M69133**

1. Entity Name  
**HITT PEST CONTROL, INC.**



Principal Place of Business  
**% VERNON L. HITT, JR.**  
**9020 145TH DRIVE**  
**LIVE OAK, FL 32060 US**

Mailing Address  
**% VERNON L. HITT, JR.**  
**9020 145TH DRIVE**  
**LIVE OAK, FL 32060 US**

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2871446**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HITT, VERNON L., JR.**  
**9020 145TH DRIVE**  
**LIVE OAK, FL 32060**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000502797  
04/26/06-80006-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HITT, VERNON L JR
STREET ADDRESS	9020 145TH DR
CITY-ST-ZIP	LIVE OAK, FL
TITLE	D
NAME	HITT, PAMELA K.
STREET ADDRESS	9020 145TH DR
CITY-ST-ZIP	LIVE OAK, 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:** *Vernon L. Hitt Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-10-06* *386-364-4488*  
Date Daytime Phone #