

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000004481

1. Entity Name
CHAMPION PEST MANAGEMENT, INC.



Principal Place of Business
**2525 N.E. JACKSONVILLE ROAD
OCALA, FL 34470 US**

Mailing Address
**2525 N.E. JACKSONVILLE ROAD
OCALA, FL 34470 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PINDER, TOM
2525 N.E. JACKSONVILLE ROAD
OCALA, FL 34470**

**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 Tom Pinder

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/18/06
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**

**000000522020
05/03/06-80011-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PINDER, TOM**
STREET ADDRESS **2525 N.E. JACKSONVILLE ROAD**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **V**
NAME **BROWDER, BILL**
STREET ADDRESS **725 E. SILVER SPRINGS BLVD.**
CITY-ST-ZIP **OCALA, FL**

TITLE **ST**
NAME **PINDER, TED**
STREET ADDRESS **725 E. SILVER SPRINGS BLVD.**
CITY-ST-ZIP **OCALA, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06
Date

Daytime Phone #