

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000031221

1. Entity Name  
TERRI'S PEST CONTROL, INC.



Principal Place of Business  
2557 SE GRAND DRIVE  
PORT ST. LUCIE, FL 34952

Mailing Address  
2557 SE GRAND DRIVE  
PORT ST. LUCIE, FL 34952

**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-P GR2E034 (11/05)

4. FEI Number  
65-0992930

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COVEY, TERRI  
2557 SE GRAND DRIVE  
PORT ST. LUCIE, FL 34952

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COVEY, TERRI
STREET ADDRESS	2557 SE GRAND DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000486931  
04/13/06-80058-002 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *TERRI COVEY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06  
Date Daytime Phone #