


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90136 002 \*\*\*150.00

<b>DOCUMENT # P00000079587</b>	
1. Entity Name <b>DONNIE'S TOTAL PRIDE PEST CONTROL, INC.</b>	

Principal Place of Business <b>321 B REID AVENUE PORT SAINT JOE FL 32456 US</b>	Mailing Address <b>P O BOX 356 PORT SAINT JOE FL 32457 US</b>
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2. Principal Place of Business - No P.O. Box # <b>324 Reid Avenue</b>	3. Mailing Address <b>P O Box 354</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port Saint Joe FL</b>	City & State <b>Port Saint Joe FL</b>
Zip <b>32456</b>	Zip <b>32457</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-3664488</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MATTHEWS, DONALD F 167 ANNIE AVENUE WEWAHITCHKA FL 32465</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
Zip Code	

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 _____ <small>Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when reinstating go.)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MATTHEWS, DONALD F 167 ANNIE AVENUE WEWAHITCHKA FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MATTHEWS, BEVERLY 167 ANNIE AVENUE WEWAHITCHKA FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Beverly Matthews Beverly Matthews 4/11/08 850 229-8720  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #