

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000087218

**1. Entity Name
AMF PEST MANAGEMENT SERVICE, INC.**



Principal Place of Business

**17647 SEALAKES DR
BOCA RATON, FL 33498**

Mailing Address

**17647 SEALAKES DR
BOCA RATON, FL 33498**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FRISHMAN, AUSTIN
17647 SEALAKES DR
BOCA RATON, FL 33498**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U000000939786
05/28/08-80041-012 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME FRISHMAN, AUSTIN M
STREET ADDRESS 17647 SEALAKES DR
CITY-ST-ZIP BOCA RATON, FL 33498**

**TITLE STD
NAME FRISHMAN, BARBARA
STREET ADDRESS 17647 SEALAKES DR
CITY-ST-ZIP BOCA RATON, FL 33498**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP**

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

SIGNATURE. *Barbara Frishman*