

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000003524

1. Entity Name
SAMSON PEST CONTROL, INC.



Principal Place of Business
**108 NORTHWEST 10TH COURT
BOYNTON BEACH, FL 33426**

Mailing Address
**108 NORTHWEST 10TH COURT
BOYNTON BEACH, FL 33426**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1067667

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KRASNA, EDWARD
108 NW 10TH COURT
BOYNTON BEACH, FL 33426**

**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 use 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**

10. OFFICERS AND DIRECTORS

TITLE
PSTD
NAME
KRASNA, EDWARD
STREET ADDRESS
108 NORTHWEST 10TH COURT
CITY-ST-ZIP
BOYNTON BEACH, FL 33426

TITLE
VP
NAME
MEAD, LISA
STREET ADDRESS
7530 HAZELWOOD CIR
CITY-ST-ZIP
LAKE WORTH, FL 33467

TITLE
T
NAME
KRASNA, FLORENCE
STREET ADDRESS
108 NW 10 CT
CITY-ST-ZIP
BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edward Krasna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

Date

561-731-0340

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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02/15/08-80020-006-150.00