

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 29, 2007 08:00 A
Secretary of State**

DOCUMENT # P01000063148

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



Principal Place of Business
**1138 WEST JEFFERSON ST.
BROOKSVILLE, FL 34601**

Mailing Address
**1138 WEST JEFFERSON ST.
BROOKSVILLE, FL 34601**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3727232

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 S.W. 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KING, PAULETTE K 15062 EDGEWATER AVENUE NOBLETON, FL 34661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, ROYCE SR. 15062 EDGEWATER AVENUE NOBLETON, FL 34661
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04/05/07-80041-024 158.75

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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: Paulette K. King 3/27/07 352-799-2919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #