

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000089988

1. Entity Name
OMEGA PEST CONTROL, INC.



Principal Place of Business
11855 SHREWSBURY LANE
PARRISH, FL 34219

Mailing Address
PO BOX 426
PALMETTO, FL 34220

DO NOT WRITE IN THIS SPACE



09082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1145335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARROW, TOD J
11855 SHREWSBURY LANE
PARRISH, FL 34219

**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

Tod J Barrow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/8/04
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000172065

09/10/04-80001-019 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
BARROW, TOD J
11855 SHREWSBURY LANE
PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BARROW, TOD J
11855 SHREWSBURY LANE
PARRISH, FL 34219

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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Tod J Barrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04

Date

941-776-0779

Daytime Phone #

on this date electronic
Filing was FILED
Sep 10, 2004 08:00 AM
let for Secretary of State
notice, then threw away
or misplaced.