


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000106138**  
1. Entity Name  
**PEST MANAGEMENT SERVICES OF PLANT CITY, INC.**



Principal Place of Business <b>3615 SMITH RYALS RD. PLANT CITY, FL 33567</b>	Mailing Address <b>3615 SMITH RYALS RD. PLANT CITY, FL 33567</b>
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**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3754700</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PRICE, RONALD L  
3615 SMITH RYALS RD.  
PLANT CITY, FL 33567**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

**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

000000632033  
02/21/07-80009-002 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, RONALD L 3615 SMITH RYALS RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, JUDITH N 3615 SMITH RYALS RD. PLANT CITY, FL 33567
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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** \_\_\_\_\_ **1/27/07**  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #