2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000004203

1. Entity Name

BUDGET TERMITE & PEST CONTROL OF PALM BAY,

INC.

Principal Place of Business

Mailing Address

1021 MEADOWBROOK RD NE PALM BAY, FL 32905

1021 MEADOWBROOK RD NE PALM BAY, FL 32905

FILED Jan 12, 2007 08:00 AM Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE	ı L
		A A I F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 I T			

CR2E034 (11/05) 01082007 No Cha-P

4. FEI Number			
26-0017247		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

JETER, ROBERT M 1021 MEADOWBROOK RD NE PALM BAY, FL 32905

SIGNATURE:

DO NOT WRITE IN THIS SPACE

ine obligations of registered agent.									
SIGNATURE									
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May 8e Added to Fees	-				
10.	OFFICERS AND DIREC	TORS		·· .//·· /- /- /- /- /- /- /- /- /- /- /- /- /- 	the second secon				
TITLE	D				and the state of t				
NAME STREET ADDRESS	JETER, ROBERT M 1021 MEADOWBROOK RD NE	•							
City-St-Zio	PALM BAY, FL 32905				n de membro de la colonia de la la la colonia de la la la colonia de la la colonia de la colonia de la colonia				
NTLE		· · · · · · · · · · · · · · · · · · ·		inger a	y some some some televistic				
NAME					•				
STREET ADDRESS CITY-ST-ZP					U00000584686				
TITLE			ولا دروسه در د	manager of the state of the sta	01/12/07-90047-011 150.00				
NAME									
STREET ADDRESS	,			F3/"2	NOT WRITE				
City-St-Zip									
TITLE NAME				IN '	THIS SPACE				
STREET ADDRESS									
CITY-ST-ZIP					And the second s				
TITLE				٠	and the second s				
NAME STREET ADDRESS									
CITY-ST-ZIP									
DRF			٠ -,	·					
NAME									
STREET ADDRESS.									
	metify the at the information was the deal att. Att 50								
12. I hereby certify that the information supplied with this filling 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 emprovered 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 attaching with an address, with all other like empowered.									

SIGNING OFFICER OR DIRECTOR

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