

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 A
Secretary of State

DOCUMENT # P02000015993

1. Entity Name
1ST CHOICE PEST CONTROL OF CENTRAL FL. INC.



Principal Place of Business
**3191 QUAIL DRIVE
DELTONA, FL 32738**

Mailing Address
**3191 QUAIL DRIVE
DELTONA, FL 32738**



08062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3601010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOSS, THOMAS E III
500 E. ALTAMONTE DRIVE
SUITE 200
ALTAMONTE SPRINGS, FL 32701**

**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

Tom Doss

000000574351
08/14/06-80011-011 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BESECKER, ROBERT R
3191 QUAIL DRIVE
DELTONA, FL 32738**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Robert R. Besecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-06 407-325-5433

Date

Daytime Phone #