# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 09, 2005 8:00 am**
**Secretary of State**
09-09-2005 90036 010 ***150.00

DOCUMENT # P02000022963

1. Entity Name
HERON PEST CONTROL, INC.

50066291

| Principal Place of Business | Mailing Address |
|---|---|
| 4044 W. LAKE MARY BLVD.<br>104-338<br>LAKE MARY, FL 32746 | 4044 W. LAKE MARY BLVD.<br>104-338<br>LAKE MARY, FL 32746 |

07052005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 150 East SR 434 | 150 East SR 434 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Longwood Fl | City & State: Longwood |
| Zip: 32750 Country: sem. | Zip: 32750 Country: sem. |

4. FEI Number 01-0613095 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PATTI, JOSEPH<br>415 LAKE POINTE<br>UNIT 308<br>ALTAMONTE SPRINGS, FL 32701 | Name: Rodney Lackey<br>Street Address (P.O. Box Number is Not Acceptable): 150 East SR 434<br>City: Longwood FL Zip Code: 32750 |

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 _____ 7/5/05
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**
**Due by September 7, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PATTI, JOSEPH<br>415 LAKE POINTE<br>ALTAMONTE SPRINGS, FL 32701 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Chairman<br>Joseph Patti<br>457 Lakepark Dr.<br>Oviedo Fl 32750 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LACKEY, RODNEY<br>1230 NORTH ST.<br>LONGWOOD, FL 32750 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Rodney Lackey<br>464 New Hope dr.<br>Alt. Springs Fl. 32701 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>OKROS, STEVE<br>604 APPLEWOOD AVE.<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P.<br>Steve Okros<br>604 Applewood Ave.<br>Alt. Springs Fl. 32714 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ J. Patti 7/5/05 331-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #