

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90288 014 ***150.00

DOCUMENT # P02000028607

1. Entity Name
ADAMS PEST PREVENTION, INC.



Principal Place of Business
**340 KINGFISHER DR.
JUPITER, FL 33458-8351**

Mailing Address
**340 KINGFISHER DR.
JUPITER, FL 33458-8351**

DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0640080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, AILEEN W
340 KINGFISHER DR.
JUPITER, FL 33458-8351**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, DAVID M 340 KINGFISHER DR. JUPITER, FL 334588351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD S ADAMS, AILEEN W 340 KINGFISHER DR. JUPITER, FL 334588351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEAWRIGHT, MARLENE 1809 ISLEWORTH CT ROYAL PALM BEACH, FL 33411 <i>delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEAWRIGHT, DAVID 1309 ISLEWORTH CT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06 *561-745-0424*