


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|---|---|---|
| DOCUMENT # P02000043277 1. Entity Name AGGRESSIVE PEST MANAGEMENT, INC. | |  |
| Principal Place of Business 641 CLEARLAKE RD #11 COCOA, FL 32922 | Mailing Address 641 CLEARLAKE RD #11 PO Box 3587 COCOA, FL 32922 32924-3587 | |

FILED

06 MAY -4 AM 11:17

**RECEIVED THE STATE
TAX OFFICE FLORIDA**



01132006 No Chg-P CR2E034 (11/05) *ob*

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 02-0601964 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**LEWIS, SHAWN
641 CLEARLAKE RD #11
COCOA, FL 32922**

**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 | D |
| NAME | LEWIS, SHAWN |
| STREET ADDRESS | 641 CLEARLAKE RD #11 |
| CITY - ST - ZIP | COCOA, FL 32922 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
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| CITY - ST - ZIP | |

300075035369
05/22/06--01061--007 **150.00

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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: *Shawn Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #