

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000045543

1. Entity Name

COBY'S TERMITE & PEST CONTROL, INC.



Principal Place of Business

**2140 SUNNYDALE BLVD
CLEARWATER, FL 33765**

Mailing Address

**2140 SUNNYDALE BLVD
CLEARWATER, FL 33765**



04072005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1534911

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCONNELL, COBY S
2834 TRAILWOOD COURT
CLEARWATER, FL 33765**

**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, 2005 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
**P
MCCONNELL, COBY
2834 TRAILWOOD CT
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MCCONNELL, PAMELA
2834 TRAILWOOD CT
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
FOLSON, FRAN
432 WEXFORD LANE BLVD
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WELCH, GEORGE
4925 LITRA LN
CHARLOTTE, NC 38262**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000300318
04/12/05-80014-024 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

Date

727 462-0400

Daytime Phone If