

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000062492

1. Entity Name

STRIKE FIRST PEST SOLUTIONS, INC.



Principal Place of Business

1689 KERSLEY CIRCLE
HEATHROW, FL 32746

Mailing Address

1689 KERSLEY CIRCLE
HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE



06092004 No Chg-P CR2E034 (10/03)

4. FEI Number

81-0558363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KITCHENS, JAMES D
1689 KERSLEY CIRCLE
HEATHROW, FL 32746

**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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KITCHENS, JAMES D
STREET ADDRESS	1689 KERSLEY CIRCLE
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	D
NAME	SPRAGUE, LORI
STREET ADDRESS	1689 KERSLEY CIRCLE
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000162532
06/14/04-80002-013 550.00

**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

Date

Daytime Phone #

6/11/04