

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078968	
1. Entity Name STERLING PEST SERVICES, INC.	

Principal Place of Business 18125 N US 41 104 LUTZ, FL 33549	Mailing Address 18125 N US 41 104 LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE



03232008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1641048	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WHALEN, JOHN J
2367 WINDSOR OAKS AVENUE
LUTZ, FL 33549**

**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 _____ (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**

**U00000526803
05/04/06-80093-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHALEN, JOHN J 2367 WINDSOR OAKS AVENUE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WHALEN, ROSEMARY 18125 NORTH US 41, SUITE 104 LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 507, 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: Rosemary Whalen Rosemary Whalen 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #