

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90027 029 ***150.00

DOCUMENT # P02000082762

1. Entity Name
CHET'S TERMITE & PEST CONTROL OF ORLANDO, INC.



Principal Place of Business
**3919 ROSEWOOD WAY
ORLANDO, FL 32808**

Mailing Address
**3919 ROSEWOOD WAY
ORLANDO, FL 32808**

94041122



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

75-3079010

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**PEZNER, MIKE
12908 DUPONT CIRCLE
TAMPA, FL 33626**

7. Name and Address of New Registered Agent

Name **William J. Stover**

Street Address (P.O. Box Number is Not Acceptable)

5005 W. SAN JOSE

City **TAMPA FL**

FL

Zip Code **33629**

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

William J. Stover
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STOVER, JOHN**
STREET ADDRESS **5005 W SAN JOSE**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☒ Delete
NAME **FLEMING, JASON**
STREET ADDRESS **3919 ROSEWOOD WAY**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **U-P** ☐ Change ☒ Addition
NAME **STEVEN DAY**
STREET ADDRESS **3104 THACKERY CT.**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Steve Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE DAY U-P

3-29-04

407-290-1888

Date

Daytime Phone #