

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 043 ***158.75

DOCUMENT # P03000010159

1. Entity Name
AABLE PEST ELIMINATION OF FLORIDA, INC.



Principal Place of Business
~~3500 ALOMA AVE. SUITE C-33~~
~~WINTER PARK, FL 32792~~

Mailing Address
~~3500 ALOMA AVE. SUITE C-33~~
~~WINTER PARK, FL 32792~~

50011058



2. Principal Place of Business
150 JAY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
150 JAY DRIVE
Suite, Apt. #, etc.

04082006 Chg-P CR2E034 (11/05)

City & State
ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, FL

4. FEI Number
14-1871095
Applied For
Not Applicable

Zip Country
32714 USA 32714 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAN, RODERICK
~~3500 ALOMA AVE. SUITE C-33~~
~~WINTER PARK, FL 32792~~

Name
Street Address (P.O. Box Number is Not Acceptable)
150 JAY DR.
Altamonte Springs, FL 32714
City FL Zip Code

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 Roderick Bean - President 4.8.06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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 P ☐ Delete
NAME BEAN, RODERICK
STREET ADDRESS ~~619 HEATHERTON VILLAGE~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS, FL 32701~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 150 JAY DR.
CITY-ST-ZIP Altamonte Springs, FL 32714

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

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

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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 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: Roderick Bean - President 4.8.06 401.657.4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing or Filing #