

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 003 ***150.00

DOCUMENT # P03000041790

1. Entity Name

PEST TREATMENT 2000 INC.



Principal Place of Business

1905 NW 46TH AVE
APT. B
LAUDERHILL FL 33313
US

Mailing Address

1905 NW 46TH AVE
APT. B
LAUDERHILL FL 33313
US



2. Principal Place of Business

3500 N State Rd 7

Suite, Apt. #, etc.

Suite 101

City & State

Lauderdale Lake FL

Zip

33319

Country

Broward

3. Mailing Address

3500 N State Rd 7

Suite, Apt. #, etc.

Suite 101

City & State

Lauderdale Lake FL

Zip

33319

Country

Broward

1st MOORE

CR2E034 (10/05)

4. FEI Number

32-0071648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAY, EVELYN
1905 NW 46TH AVE
APT. B
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name

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

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LEWIS, CLIFFORD J
STREET ADDRESS 1905 NW 46TH AVE APT. B
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE VP ☐ Delete
NAME BRAY, EVELYN
STREET ADDRESS 1905 NW 46TH AVE APT. B
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE TD ☐ Delete
NAME RICHARDS, STEPHEN
STREET ADDRESS 2790 SOMERSET DR. APT Q407
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE M ☐ Delete
NAME GORDON, MITCHAEAL
STREET ADDRESS 8528 S HAMPTON DR
CITY-ST-ZIP MIRAMAR FL 33025

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
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

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 Section 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: Evelyn Bray Evelyn Bray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06

Date

954-733-9053

Daytime Phone #