

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 043 ***150.00

DOCUMENT # P03000041790

1. Entity Name

PEST TREATMENT 2000 INC.



Principal Place of Business

3500 NORTH STATE RD 7
SUITE 101
FORT LAUDERDALE FL 33319
US

Mailing Address

3500 NORTH STATE RD 7
SUITE 101
FORT LAUDERDALE FL 33319
US



2. Principal Place of Business - No P.O. Box #

4699 N State Rd 7

Suite, Apt. #, etc.

Suite C-5

City & State

Tamarac FL

Zip

33319

Country

US

3. Mailing Address

4699 N State Rd 7

Suite, Apt. #, etc.

Suite C-5

City & State

Tamarac FL

Zip

33319

Country

US

1st MOORE

CR2E034 (10/06)

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

Evelyn Bray

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

522 SE Ron Rico Ter

City

Port St Lucie

FL

Zip Code

34983

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

Evelyn Bray Evelyn Bray VP President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

EB
4-16-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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-STATE-ZIP	LAUDERHILL FL 33313	
TITLE	VP	☐ Delete
NAME	BRAY, EVELYN	
STREET ADDRESS	1905 NW 46TH AVE APT. B	
CITY-STATE-ZIP	LAUDERHILL FL 33313	
TITLE	TD	☐ Delete
NAME	RICHARDS, STEPHEN	
STREET ADDRESS	2790 SOMERSET DR. APT Q407	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33311	
TITLE	M	☐ Delete
NAME	GORDON, MITCHAEAL	
STREET ADDRESS	8528 S HAMPTON DR	
CITY-STATE-ZIP	MIRAMAR FL 33025	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	Clifford J Lewis
STREET ADDRESS	522 SE Ron Rico Ter > New address
CITY-STATE-ZIP	Port St Lucie FL, 34983
TITLE	☐ Change ☐ Addition
NAME	Evelyn Bray
STREET ADDRESS	522 SE Ron Rico Ter > New address
CITY-STATE-ZIP	Port St Lucie FL, 34983
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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

4-16-07

Date

954-733-9053

Daytime Phone #