2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State
06-22-2005 90080 003 ***558.75

DOCUMENT # P03000144112

1. Entity Name
CLARKE PEST CONTROL SERVICES, INC.

Principal Place of Business	Mailing Address
~~80 BYRD ROAD~~ 213 McCoy Dr. VEN~~US, FL~~ 33960 Lake Placid FL 33862	P.O. BOX 1766 LAKE PLACID, FL 33862

01082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
213 McCoy Drive	P.O. Box 1766
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, FL	City & State: Lake Placid, FL
Zip: 33852 Country: Highlands	Zip: 33862 Country: Highlands

4. FEI Number: 20-0391399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES.F. MCCOLLUM, P.L.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name: n/A
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: n/A
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, DONALD J 80 BYRD ROAD VENUS, FL 33960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Donald J. Clarke 213 McCoy Drive Lake Placid, FL 33852	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, TINA J 80 BYRD ROAD VENUS, FL 33960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Tina J. Clarke 213 McCoy Drive Lake Placid, FL 33852	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tina J. Clarke / Tina J. Clarke 6/8/05 863-465-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #