

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90033 029 ***150.00



DOCUMENT # P04000021718
 1. Entity Name
TRI-COUNTY PEST MANAGEMENT, INC.

Principal Place of Business Mailing Address
 422 SW FIFER AVENUE 422 SW FIFER AVENUE
 PORT ST. LUCIE FL 34953 PORT ST. LUCIE FL 34953



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
562 SW. JEANNE AVE. **562 SW. JEANNE AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State 4. FEI Number Applied For
PORT ST LUCIE **PORT ST LUCIE** 20-0704491 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34953 **USA** **34953**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MOCZYDLOWSKI, CHRISTOPHER J
422 SW FIFER AVENUE
PORT ST. LUCIE FL 34953

Name
 Street Address (P.O. Box Number is Not Acceptable)
562 SW. JEANNE AVE.
 City State Zip Code
PORT ST LUCIE **FL** **34953**

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: DATE: **MARCH 2, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MOCZYDLOWSKI, CHRISTOPHER J 422 DE GOGRT SBR PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Moczydlowski, Christopher J. 562 SW. JEANNE AVE. PORT ST LUCIE FL. 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCZYDLOWSKI, CHRISTOPHER J 422 SW FIFER AVE PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moczydlowski, Christopher J. 562 SW. JEANNE AVE. PORT ST LUCIE FL. 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE: DATE: **MARCH 2, 2007** (772) 340-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #