

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000035811

1. Entity Name:

TARGET PEST MANAGEMENT, INC.



Principal Place of Business

615 MASSACHUSETTS AVENUE  
FT. WALTON BEACH FL 32547  
US

Mailing Address

PO BOX 1448  
FT. WALTON BEACH FL 32549  
US

2. Principal Place of Business

138 Gibson Rd.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FWB, FL 32547

City & State

Zip

Country

Zip

Country

4. FEI Number 20-0809925

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREDILLE, ANTHONY A  
615 MASSACHUSETTS AVENUE  
FT. WALTON BEACH FL 32547

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P D ☐ Delete  
NAME CREDILLE, ANTHONY A  
STREET ADDRESS 615 MASSACHUSETTS AVE.  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE VP D ☒ Delete  
NAME CREDILLE, STANLEY W  
STREET ADDRESS 615 MASSACHUSETTS AVENUE  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

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 100081083171  
STREET ADDRESS 10/20/06--01065--002 \*\*158.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 100081083171  
STREET ADDRESS 11/09/06--01043--009 \*\*600.00  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 NOV -6 PM 2:57



REINSTATEMENT

(4/06)

K. Eckel NOV 07 2006

158.75

10-12-06