

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000050580

1. Entity Name

S & S PEST CONTROL, INC.



Principal Place of Business

PO BOX 838
TRENTON, FL 32693

Mailing Address

PO BOX 838
TRENTON, FL 32693



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0745509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ JR., GENE MICHAEL
8279 SE 80 AVE
TRENTON, FL 32693

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IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SANCHEZ, JR., GENE MICHAEL
STREET ADDRESS PO BOX 838
CITY-ST-ZIP TRENTON, FL 32693

TITLE VS
NAME SANCHEZ, ALLISON BETH
STREET ADDRESS PO BOX 838
CITY-ST-ZIP TRENTON, FL 32693

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000474146
04/04/06-80013-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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

03/15/06
Date

(352) 258-5889
Daytime Phone #