2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90172 022 ***150.00

DOCUMENT # **P04000086587**

1. Entity Name

TINDALE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
2362 NW 134 STREET CITRA FL 32113	2362 NW 134 STREET CITRA FL 32113

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
		13300 N.W. 21 court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Citra, Florida	
Zip	Country	Zip: 32113	Country: Marion

4. FEI Number: 14-1910038 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAUNDERS, CATHERINE C
1301 NE 14 STREET
OCALA FL 34470

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 $150.00
After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TINDALE, DENNIS K SR		NAME	
STREET ADDRESS	13300 NW 21 COURT		STREET ADDRESS	
CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP	
TITLE	SEC	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TINDALE, TONYA		NAME	
STREET ADDRESS	13300 NW 21 COURT		STREET ADDRESS	
CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Dennis K. Tindale Sr. / Tonya Tindale Tonya Tindale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/7/05 Daytime Phone # 352 368-5981