

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 047 ***150.00

DOCUMENT # P04000110863

1. Entity Name

TEMPCO PEST CONTROL II, INC.



Principal Place of Business

4735 PALM BEACH BLVD
FT MYERS FL 33905

Mailing Address

PO BOX 1342
BONITA SPRINGS FL 34133

2. Principal Place of Business

3. Mailing Address

PO BOX 50397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

Country

Zip

Country

33994

US

4. FEI Number

56-2473861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, JOHN E
17586 PLUMERIA LANE
4TH FLOOR
NORTH FORT MYERS FL 33717

Name

RYAN - JOHN E

Street Address (P.O. Box Number is Not Acceptable)

17586 PLUMERIA LANE

City

N Fort Myers

FL

Zip Code

33917

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

2-24-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
RYAN, MICHAEL P
13768 OX BOW RD
FORT MYERS FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
HARDING, SCOTT E
6430 ARDON AVE
FT MYERS FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

Michael P Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/06

239 623 2330