

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P04000111405

1. Entity Name

LAKERIDGE PEST CONTROL, INC.

Principal Place of Business

32421 SCENIC HILL DR.
MT DORA FL 32757

Mailing Address

32421 SCENIC HILL DR.
MT DORA FL 32757

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1454617

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

ROGERSON, REGINALD A
32421 SCENIC HILL DR.
MT DORA FL 32757

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, 2008 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

PD

☐ Delete

NAME

ROGERSON, REGINALD A

STREET ADDRESS

32421 SCENIC HILL DR.

CITY- ST- ZIP

MT DORA FL 32757

TITLE

SD

☐ Delete

NAME

ROGERSON, LINDA J

STREET ADDRESS

32421 SCENIC HILL DR.

CITY- ST- ZIP

MT DORA FL 32757

TITLE

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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 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:

3-12-08 352-735-6239