

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90025 016 \*\*\*150.00

**DOCUMENT # P04000131370**

1. Entity Name  
**DAVE'S PEST MANAGEMENT, INC.**



Principal Place of Business  
**1006 N SHANNON AVE  
PLANT CITY, FL 33563**

Mailing Address  
**1006 N SHANNON AVE  
PLANT CITY, FL 33563**

**40013411**



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

3. Mailing Address

01222008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**20-1631470**

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

**BESS, BRENDA M  
1006 N SHANNON AVE  
PLANT CITY, FL 33563**

Name **Katherine Best**

Street Address (P.O. Box Number is Not Acceptable)  
**1006 N Shannon Ave.**

City **Plant City**

**FL**

Zip Code  
**33563**

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 **Katherine Best, Katherine Best, Director**

**1/28/08**

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**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HUNLEY, DAVID  
1006 N SHANNON AVE  
PLANT CITY, FL 33563** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BESS, BRENDA M  
1006 N SHANNON AVE  
PLANT CITY, FL 33563** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Katherine Best  
1006 Shannon Ave. N.  
Plant City, FL 33563** ☐ Change ☒ Addition

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

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

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

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

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: **Katherine Best Katherine Best**

**1/28/08**

**813-719-3202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #