

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000089435

1. Entity Name

STREETER PEST CONTROL, INC.



Principal Place of Business

15311 NORTHWEST 33 COURT
MIAMI GARDENS, FL 33054

Mailing Address

15311 NORTHWEST 33 COURT
MIAMI GARDENS, FL 33054

FILED

07 SEP 19 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08272007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3098770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STREETER, TERRENCE
15311 NW 33RD COURT
MIAMI GARDENS, FL 33054

**DO NOT WRITE
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STREETER, TERRENCE
STREET ADDRESS 15311 NORTHWEST 33 COURT
CITY - ST - ZIP MIAMI GARDENS, FL 33054

TITLE DIR
NAME STREETER, TERRENCE JR
STREET ADDRESS 15311 NW 33RD COURT
CITY - ST - ZIP MIAMI GARDENS, FL 33054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

000109658610:
03/19/07--01044--020 **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

Date

Daytime Phone #

786-486-7336