

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-01-2007 90015 044 ***150.00

DOCUMENT # P05000090752

1. Entity Name

ALL POINTS PEST SERVICES, INC.



Principal Place of Business

11230 BROWNING ROAD
LITHIA, FL 33547

Mailing Address

11230 BROWNING ROAD
LITHIA, FL 33547



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1728732

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, SHERYL J
11230 BROWNING ROAD
LITHIA, FL 33547

**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 re-naming)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FLOYD, KEITH D
STREET ADDRESS	11230 BROWNING ROAD
CITY - ST - ZIP	LITHIA, FL 33547
TITLE	DST
NAME	FLOYD, SHERYL J
STREET ADDRESS	11230 BROWNING ROAD
CITY - ST - ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Keith Floyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

Date

813 924 2167

Daytime Phone #