

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000111921 1. Entity Name MELROSE PEST CONTROL, INC.	
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Principal Place of Business 849 STATE ROAD 21 NORTH MELROSE MELROSE, FL 32666	Mailing Address P.O. BOX 1801 MELROSE, FL 32666
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3279645	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'BRYAN, ED 849 STATE ROAD 21 NORTH MELROSE, FL 32666	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRYAN, ED P.O. BOX 1801 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'BRYAN, YVONNE P.O. BOX 1801 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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02/14/07-80035-020 158.75

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:  **2-2-07 352-475-3121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #