2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000127705

1. Entity Name
MELLOTT PEST SERVICES, INC.

Principal Place of Business	Mailing Address
797 NIGHT OWL LN. WINTER SPRINGS, FL 32708 US	797 NIGHT OWL LN. WINTER SPRINGS, FL 32708 US

DO NOT WRITE IN THIS SPACE

04132008 No Chg-P CR2E084 (11/05)

4. FEI Number
02-0750149

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELLOTT, GARY E
797 NIGHT OWL LN.
WINTER SPRINGS, FL 32708

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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: Gary E Mellott 4 18 08
(If changing registered agent, type or print name of registered agent and file 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	P
NAME	MELLOTT, GARY E
STREET ADDRESS	797 NIGHT OWL LN.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	T
NAME	MELLOTT, GARY E
STREET ADDRESS	797 NIGHT OWL LN.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	NA
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	NA
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	NA
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	NA
CITY-ST-ZIP	

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05/12/08-80017-008 150.00

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: Gary E Mellott 4 18 08
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) Date Daytime Phone #