

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2006 8:00 am
Secretary of State

05-02-2006 90220 018 ***150.00

DOCUMENT # P05000144892 1. Entity Name X-IT PEST CONTROL INC			
Principal Place of Business P O BOX 255 MORRISTON FL 32668		Mailing Address P O BOX 255 MORRISTON FL 32668	
2. Principal Place of Business 19150 SE 21st Pl Suite, Apt. #, etc.:		3. Mailing Address Po Box 255 Suite, Apt. #, etc.:	
City & State MORRISTON FL Zip 32668		City & State MORRISTON FL Zip 32668	
Country Levy		Country Levy	
6. Name and Address of Current Registered Agent JOHNSON, RONALD R 19150 SE 21ST PL MORRISTON FL 32668		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <small>Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE O	NAME JOHNSON, RONALD R	TITLE 	NAME
STREET ADDRESS P O BOX 255	CITY - ST - ZIP MORRISTON FL 32668	STREET ADDRESS 	CITY - ST - ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
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STREET ADDRESS 	CITY - ST - ZIP 	STREET ADDRESS 	CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/30/06 352-528-2749 <small>Daytime Phone #</small>	