

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 050 ***150.00

DOCUMENT # P06000014936

1. Entity Name

FREEDOM PEST CONTROL OF CENTRAL FL INC



Principal Place of Business

20311 PINTAIL ROAD
ALTOONA FL 32702

Mailing Address

P O BOX 1268
ALTOONA FL 32702



2. Principal Place of Business - No P.O. Box #

20311 Pintail Rd.

3. Mailing Address

P.O. Box 1268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Altoona FL

City & State

Altoona FL

4. FEI Number

20-4208480

Applied For

Not Applicable

Zip

32702

Country

LaKe

Zip

32702

Country

LaKe

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, STEVEN R
20311 PINTAIL ROAD
ALTOONA FL 32702

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.)

3-26-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME OWENS, STEVEN R
STREET ADDRESS 20311 PINTAIL ROAD
CITY-ST-ZIP ALTOONA FL 32702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07

Date

Daytime Phone #