

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-15-2007 90054 021 ***150.00

DOCUMENT # P06000113736 1. Entity Name COAST TO COAST PEST CONTROL, INC.					
Principal Place of Business 815-10TH COURT, S.W. VERO BEACH FL 32960				Mailing Address 815-10TH COURT, S.W. VERO BEACH FL 32960	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 651477			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Vero Beach FL		4. FEI Number 01-0874989	
Zip	Country	Zip 32965	Country FR.	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132				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 _____ (NOTE: Registered Agent signature required when registering) 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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GOMEZ, JEFF 2276 12TH STREETS.W. VERO BEACH FL 32960 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GOMEZ, BETTY 2676 12TH STREET VERO BEACH FL 32960 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:				1-29-07 772-562-6249 Date Name Phone #	