

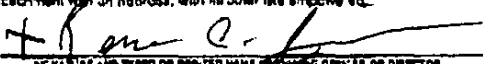
APR-27-2007(FRI) 11:40

CAMPBELL & VIRGILIO

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

04-30-2007 90832 048 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000119910			
1. Entity Name CERTIFIED PEST MANAGEMENT, INC.			
Principal Place of Business 8276 COMMERCIAL WAY BROOKSVILLE, FL 34613		Mailing Address 8276 COMMERCIAL WAY BROOKSVILLE, FL 34613	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
SUIO, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-540-4274		Added For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Requested	
6. Name and Address of Current Registered Agent JIMENEZ, RENE C 8276 COMMERCIAL WAY BROOKSVILLE, FL 34613		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 in printed name of registered agent and also of agent			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$6.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JIMENEZ, RENE C 8276 COMMERCIAL WAY BROOKSVILLE, FL 34613 ☐ Delete	11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JIMENEZ, REBECCA M 8276 COMMERCIAL WAY BROOKSVILLE, FL 34613 ☐ Delete	11.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not comply 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 as changed, or on an attachment with an address, with no other file supportive of.			
SIGNATURE: 		4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR		Deputy Secretary	

66017340