

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000121668

1. Entity Name
GEM PEST CONTROL INC.



Principal Place of Business
79 CONSTITUTION DR.
NAPLES, FL 34112 US

Mailing Address
79 CONSTITUTION DR.
NAPLES, FL 34112 US



04272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5592664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, GREGG E
79 CONSTITUTION DR.
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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) 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	MITCHELL, GREGG E
STREET ADDRESS	79 CONSTITUTION DR.
CITY- ST- ZIP	NAPLES, FL 34112
TITLE	VP
NAME	MITCHELL, GREGG E
STREET ADDRESS	79 CONSTITUTION DR.
CITY- ST- ZIP	NAPLES, FL 34112
TITLE	CHAR
NAME	MITCHELL, GREGG E
STREET ADDRESS	79 CONSTITUTION DR.
CITY- ST- ZIP	NAPLES, FL 34112
TITLE	DIR.
NAME	MITCHELL, GREGG E
STREET ADDRESS	79 CONSTITUTION DR.
CITY- ST- ZIP	NAPLES, FL 34112
TITLE	SEC.
NAME	MITCHELL, GREGG E
STREET ADDRESS	79 CONSTITUTION DR.
CITY- ST- ZIP	NAPLES, FL 34112
TITLE	TREA
NAME	MITCHELL, GREGG E
STREET ADDRESS	79 CONSTITUTION DR.
CITY- ST- ZIP	NAPLES, FL 34112

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05/28/08-80117-015 150.00

**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: Gregg Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 239-289-4802
Date Daytime Phone #