


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90184 044 ***150.00

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| DOCUMENT # P06000149161 | | | |  | |
| 1. Entity Name ALLEN'S PEST SERVICES, INC. | | | | | |
| Principal Place of Business 17642 MEADOWBRIDGE DR. LUTZ, FL 33549 | | | Mailing Address 17642 MEADOWBRIDGE DR. LUTZ, FL 33549 | | |
| 2. Principal Place of Business - No P.O. Box # 16602 Forest Park Dr. Suite, Apt. #, etc. | | 3. Mailing Address 16602 Forest Park Dr. Suite, Apt. #, etc. | | | |
| City & State Lutz, FL | | City & State Lutz, FL | | 4. FEI Number 20-5972162 | |
| Zip 33549 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROGERS, HAMPTON A II 17642 MEADOWBRIDGE DR LUTZ, FL 33549 | | | 7. Name and Address of New Registered Agent Name A. Hampton Rogers II Street Address (P.O. Box Number is Not Acceptable) 16602 Forest Park Dr. City Lutz, FL Zip Code 33549 | | |
| 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: <u><i>A. Hampton Rogers II</i></u> DATE: <u>4-28-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME ROGERS, HAMPTON A II STREET ADDRESS 17642 MEADOWBRIDGE DR. CITY-ST-ZIP LUTZ, FL 33549 | <input type="checkbox"/> Delete | | TITLE P NAME A. Hampton Rogers, II STREET ADDRESS 16602 Forest Park Drive CITY-ST-ZIP Lutz, FL 33549 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u><i>A. Hampton Rogers II</i></u> <u><i>H. Allen Rogers II</i></u> <u>4-28-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |