

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90312 012 \*\*\*150.00

**DOCUMENT # P26111**

1. Entity Name

RENTOKIL, INC.-PEST CONTROL SERVICES



Principal Place of Business

4067 INDUSTRIAL PARK DRIVE  
NORCROSS GA 30071

Mailing Address

4067 INDUSTRIAL PARK DRIVE  
NORCROSS GA 30071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1820115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REBISA, ROBB	
STREET ADDRESS	4067 INDUSTRIAL PARK DRIVE	
CITY-ST-ZIP	NORCROSS GA 30071	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, KEVIN M	
STREET ADDRESS	4067 INDUSTRIAL PARK DR	
CITY-ST-ZIP	NORCROSS GA 30071	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUBBARD, DEBRA	
STREET ADDRESS	4067 INDUSTRIAL PARK DRIVE	
CITY-ST-ZIP	NORCROSS GA 30071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAMZELSKI, PAUL	
STREET ADDRESS	1501 REEDSDALE ST, SUITE 501	
CITY-ST-ZIP	PITTSBURGH PA 15233	
TITLE	V	<input type="checkbox"/> Delete
NAME	ESSEK, PAUL A	
STREET ADDRESS	1779 WEST HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Paul A. Essek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

Daytime Phone #