

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90243 001 ***150.00

DOCUMENT # P92000012187

1. Entity Name

TEKEY'S PEST CONTROL, INC.



Principal Place of Business

721 W. 4TH AVE
TALLAHASSEE FL 32304

Mailing Address

P.O. BOX 7558
TALLAHASSEE FL 32314-7558
US



2. Principal Place of Business - No P.O. Box #

721 W. 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7558

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Tallah., FL 32304

Zip

Country

Leon

City & State

Tallah., FL

Zip

32314-7558

Country

Leon

4. FEI Number

59-3258250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, HAYWOOD SR
721 W. 4TH AVE
TALLAHASSEE FL 32304

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

Kellean Williams

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 V ☐ Delete
NAME WILLIAMS, KELLEAN T
STREET ADDRESS 721 W 4TH AVE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE P ☐ Delete
NAME WILLIAMS, TENOLA
STREET ADDRESS 721 W 4TH AVE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Kellean Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/08

Date

(850) 877-6282

Telephone