

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000040712	
1. Entity Name WARD PEST CONTROL SERVICES, INC.	
Principal Place of Business 473 SE VERADA AVENUE PORT SAINT LUCIE, FL 34983 US	Mailing Address 473 SE VERADA AVENUE PORT SAINT LUCIE, FL 34983 US



DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0495321	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

SIMMONS, EVETT L
145 NW CENTRAL AVE
PORT SAINT LUCIE, FL 34986

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, JAMES T 473 SE VERADA AVENUE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WARD, JACQUELINE J 473 SE VERADA AVENUE PORT SAINT LUCIE, FL 34983
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05/03/05-80107-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jaqueline Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

772-343-7913

Daytime Phone #