## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P94000055512 04-02-2007 90051 025 \*\*\*158.75 COTTOM'S SOUTHEAST PEST CONTROL SERVICES. INC. Principal Place of Business Mailing Address 2201 N CITRUS BLVD LEESBURG FL 34748 2201 N CITRUS BLVD LEESBURG FL 34748 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address 2199 Citrus Blud 2199 Citrus Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3259609 Leesburg Leesburg Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cottom COTTOM, GLENN E Street Address (P.O. Box Number is Not Acceptable) 2201 N CITRUS BLVD LEESBURG FL 34748 2199 Citrus Blud 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. פח THE RHE ☐ Change Addition Delete Ellen N. Cottom COTTOM, GLENN E NAME 2201 N CITRUS BLVD 2199 Citrus Blud STREET ADDRESS STREET ADDRESS LEESBURG FL CITY ST-ZIP CITY ST-ZIP Leesburg F1 34748 DST ☐ Change XX Addition Delete Ronald L. Cottom COTTOM, JAMES H NAMO 2113-B N CITRUS BLVD 2199 Citrus Blud STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-SI-7IP CHY-SI-7IP Leesburg F1 34748 ☐ Change Addition ☐ Delete HITEE HHE Elizabeth K. Green NAMI NAMI 2199 Citrus Blud STREET ADDRESS STRUCT ADORESS CHY-S1-7/P CHY ST /IP Leesburg F1 34748 Addition Delete NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP Deicte [7] Change Addition TITLE BHH NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7tP CITY ST ZIP Addition HHI Delete 11111 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP 12. Thereby 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 eath; 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.

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