

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90013 035 ***150.00

DOCUMENT # P95000053535

1. Entity Name

PETTIS TERMITE & PEST CONTROL, INCORPORATED



Principal Place of Business

**7435 HWY 77
SOUTHPORT FL 32409
US**

Mailing Address

**7435 HWY 77
SOUTHPORT FL 32409
US**

2. Principal Place of Business

7103 Hwy 77

3. Mailing Address

7103 Hwy 77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Southport 32409

City & State

Southport FL

Zip

FL

Country

USA

Zip

32409

Country

USA

4. FEI Number

59-3328202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETTIS, MICHAEL
1663 BUCHANAN ST
SOUTHPORT FL 32409**

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

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, 2004 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 **P** ☐ Delete
NAME **PETTIS, MICHAEL**
STREET ADDRESS **P.O. BOX 8327**
CITY-ST-ZIP **SOUTPORT FL 32409**

TITLE **S** ☐ Delete
NAME **PETTIS, KIMBERLY**
STREET ADDRESS **P.O. BOX 8327**
CITY-ST-ZIP **SOUTPORT FL 32409**

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
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CITY-ST-ZIP

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

Kimberly Pettis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04 8502655490

Date

Daytime Phone #