

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000084935

1. Entity Name

ALL STAR TERMITE AND PEST CONTROL INC.



Principal Place of Business

**9008 HARDING AVENUE
SURFSIDE, FL 33154**

Mailing Address

**9008 HARDING AVENUE
SURFSIDE, FL 33154**



04112005

No Chg-P

CR2E034 (10/03)

4. FEI Number
65-0625787

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**QUINONES, ELIO E
9008 HARDING AVENUE
SURFSIDE, FL 33154**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/05

**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
**P
QUINONES, ELIO E
9008 HARDING AVE.
SURFSIDE, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
QUINONES, DULCE M
9008 HARDING AVE.
SURFSIDE, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/14/05-80003-024 150.00

**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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SAVING OFFICER OR DIRECTOR

ELIO E. QUINONES

4/11/05

705-864-9589

Date

Daytime Phone #