

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90172 036 ***150.00

DOCUMENT # P95000089615

1. Entity Name
BRETT'S PEST CONTROL, INC.



Principal Place of Business Mailing Address
5215 CREEKMUR DRIVE 5215 CREEKMUR DRIVE
LAKELAND, FL 33813 LAKELAND, FL 33813

50035565



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0640831 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, BRETT A
5215 CREEKMUR DR.
LAKELAND, FL 33813

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KING, BRETT A**
STREET ADDRESS **1940 LAKE SEWARD DR**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☒ Change ☐ Addition
NAME **King, Brett A.**
STREET ADDRESS **5215 Creekmur Drive**
CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE **D** ☐ Delete
NAME **KING, DIANE A**
STREET ADDRESS **1940 LAKE SEWARD DR**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☒ Change ☐ Addition
NAME **King, Diane A.**
STREET ADDRESS **5215 Creekmur Drive**
CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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: **BRETT A. KING**

4-7-05

863-644-5189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #