


**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

**DOCUMENT # P96000025050**

1. Entity Name  
**PEST AUTHORITY, INC.**



Mailing Address  
P.O. BOX 393  
VALRICO, FL 33509 US

**DO NOT WRITE IN THIS SPACE**



4. FEI Number <b>59-3374192</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HWY ANN ARBOR MI WARREN  
3801 POLYMER DR  
WARREN MI 48096.

**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 Unsuble Haven Amundell Aiken (NOTE: Registered Agent signature required)

4/20/08  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	P
NAME	WARREN, ANNABELLE M
STREET ADDRESS	3801 PULMBO DR
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	VP
NAME	WARREN, FALLON F
STREET ADDRESS	3801 PULMBO DR
CITY - ST - ZIP	VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_