


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90154 025 ***158.75

DOCUMENT # P96000038191		
1. Entity Name COUNTRY SIDE EXTERMINATING CORP.		
Principal Place of Business 2951 N.W 123 TER FORT LAUDERDALE FL 33323 US		Mailing Address 2951 N.W 123 TER FORT LAUDERDALE FL 33323 US



2. Principal Place of Business Suite, Apt. #, etc. 2701 S.E. 37 ST. City & State Ocala Fla. Zip 34471 Country Marion		3. Mailing Address Suite, Apt. #, etc. 2701 S.E. 37 ST. City & State Ocala Fla. Zip 34471 Country Marion	
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1st MOORE CR2E034 (10/05)

4. FEI Number 65-0665022		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALLING, THOMAS E 7461 FILLMORE ST HOLLYWOOD FL 33024		7. Name and Address of New Registered Agent Name WALLING THOMAS E. Street Address (P.O. Box Number is Not Acceptable) 2701 S.E. 37 ST. Ocala Fla. City Marion County FL Zip Code 34471

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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLING, THOMAS E 7461 FILLMORE ST HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLING THOMAS E. 2701 S.E. 37 ST. Ocala Fla. 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address ONLY)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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: Thomas E. Walling **4-18-2006 352-622-1011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #