

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P96000087195	
1. Entity Name PROGRESSIVE PEST CONTROL, INC.	
Principal Place of Business 2555 GLENCOE FARMS RD. NEW SMYRNA BEACH, FL 32163 US	Mailing Address PO BOX 1374 EDGEWATER, FL 32132 US



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3408884	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLINS, PARRY K 2555 GLENCOE FARMS ROAD NEW SMYRNA BEACH, FL 32168

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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 amending)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee
10. List the names and addresses of all OFFICERS AND DIRECTORS.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, PARRY KARL 2555 GLENCOE FARMS ROAD NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLLINS, TERESITA 2555 GLENCOE FARMS ROAD NEW SMYRNA BEACH, FL 32168	
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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05/23/07-80099-021 150.00

**DO NOT WRITE
IN THIS SPACE**

11. 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:

Parry K. Collins
Signature and typed or printed name of signing officer or director

1001 710 1688
20010 0000 60

4-30-07 (386) 426-7849

4/27/07 JFW: J