

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90036 026 ***150.00

DOCUMENT # P96000094022

1. Entity Name

ECLIPSE PEST CONTROL, INC.



Principal Place of Business

4311 SW APPLESEED ROAD
PORT SAINT LUCIE FL 34953

Mailing Address

4311 SW APPLESEED ROAD
PORT SAINT LUCIE FL 34953

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0712105

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

GARNSEY, DANIEL A SR.
4311 SW APPLESEED ROAD
PORT SAINT LUCIE FL 34953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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
GARNSEY, DANIEL A SR.
4311 SW APPLESEED ROAD
PORT SAINT LUCIE FL 34953 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTS
GARNSEY, JEAN M
4311 SW APPLESEED ROAD
PORT SAINT LUCIE FL 34953 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
GRADY, MICHAEL D
5463 SE HARBOR TERR
STUART FL 34997 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TECHNITION
MARC A. WHITE
4236 COVE LAKE CIR. APT. 201
STUART FL 34997 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Change ☐ 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:

Daniel A. Grady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.09.08

Date

Daytime Phone #