2007 FOR PROFIT CORPORATION

FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90218 032 ***150.00

ANNUAL REPORT

DOCUMENT # P96000104293 SORRENTINO'S PEST CONTROL, INC. 400017 Principal Place of Business Mailing Address 100 A INDUSTRIAL CIR P.O. BOX 148 ROSELAND, FL 32957 SEBASTIAN, FL 32958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E034 (12/06) Chq-P 4. FEI Number Applied For City & State City & State 65-0716481 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent soarent100 SORRENTINO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4112 SHORELAND DR VERO BEACH, FL 32963 0 FL 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 SIGNATURE Sky ature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete THILE ☐ Change Addition SORRENTINO, RICHARD NAME NAME STREET ADDRESS 4112 SHORELAND DR STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition RUSSELL, WILLIAM NAME STREET ADDRESS 1992 SE BOWIE ST STREET ADDRESS PORT ST LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Addition TITLE ☐ Delete Change SEILER, DOUG NAME NAME STREET ADDRESS 1044 PALMETTO AVE STREET ADDRESS CITY-ST-ZIE SEBASTIAN, FL 32958 CITY - ST - ZIP Defete TITLE ☐ Change Addition TITLE MIDURE, BARBARA J NAME NAME 7736 101ST AVENUE STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32967 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 attachmy 17 bith an application of the corporation of the SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date