

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P97000024161

1. Entity Name
REVENGE PEST CONTROL, INC.



Principal Place of Business

**13463 78 PLACE NO.
WEST PALM BEACH, FL 33412**

Mailing Address

**13463 78 PLACE NO.
WEST PALM BEACH, FL 33412**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0743470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NABER, ANGELIQUE M
13463 - 78TH PLACE NORTH
WEST PALM BEACH, FL 33412**

**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 *Angelique M. Naber*
Signature, typed or printed name of registered agent and title if applicable.

Angelique M. Naber - Pres 4/4/07
(NOTE: Registered Agent signature required when reinstating) 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 Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP NABER, ANGELIQUE M 13463 - 78TH PLACE NORTH WEST PALM BEACH, FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV NABER, DANIEL A 13463 78TH PL. N. WEST PALM BCH., FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS NABER, DANIEL M 13463 78TH PL. N. WEST PALM BCH., FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT NABER, JASON R 13463 78TH PL. N. WEST PALM BCH., FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/18/07-80020-014 150.00

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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- *Angelique M. Naber*