

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000042565

1. Entity Name
EMERGENCY PEST PATROL, INC.



Principal Place of Business
**14805 N FLORIDA AVE
STE A
TAMPA, FL 33613 US**

Mailing Address
**PO BOX 82577
TAMPA, FL 33682**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3446214** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRISON & MILLS PA
1200 PLATT ST. W, STE 100
FRED MILLS
TAMPA, FL 33606**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000523729
05/03/06-80084-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PSTD**
NAME **RUDOLPH, CURTIS L**
STREET ADDRESS **14907 NORTHWOOD VILLAGE LANE**
CITY-ST-ZIP **TAMPA, FL 33613**

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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: **CURTIS RUDOLPH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/06 (813) 908-1911
Date Daytime Phone #