

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90001 009 ***150.00

DOCUMENT # P97000048896

1. Entity Name
PINNACLE PEST MANAGEMENT, INC.



Principal Place of Business
**2760 BELFORT RD.
JACKSONVILLE, FL 32216 US**

Mailing Address
**P.O. BOX 551716
JACKSONVILLE, FL 32255-176 US**

54072565



2. Principal Place of Business

3. Mailing Address

P.O. Box 551716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012004

Chg-P

CR2E034 (10/03)

City & State

City & State
Jacksonville, Florida

4. FEI Number

59-3451914

Applied For

Not Applicable

Zip

Country

Zip

32255-1716

Country

U.S.

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

**REDMAN, RICHARD D
7153 SAN SOUCI RD.
JACKSONVILLE, FL 32216**

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 \$550.00
Due by September 8, 2004**

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
**PO
REDMAN, RICHARD D
7153 SANSOUCI RD
JAX, FL 32216** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
REDMAN, VIRGINIA B
7153 SANSOUCI RD
JAX, FL 32216** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard D. Redman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04
Date

725 1889
Daytime Phone #

To whom it may concern,

Attachment # 526022565-
#197000048896

A notice of this annual report was not received before May 1st on the date which it was due. According to the notice sent, we are eligible for a waiver of the \$400.00 late fee if we did not receive notice of this annual report according to 607.193(1)(b), Florida Statutes.

Thank You,

Richard Redman

9/8/2004