

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

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90031 043 \*\*\*150.00

DOCUMENT # **PA7000048894**

1. Entity Name

**Pinnacle Pest Management Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2760 Belfort Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 551716**

Suite, Apt. #, etc.

**40110458**

CR2E034B (8/05)

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, Florida**

4. FEI Number

**59-3451914**

Applied For

Not Applicable

Zip

**32216**

Country

**United States**

Zip

**32255-1716**

Country

**United States**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Richard D. Redman**

Street Address (P.O. Box Number is Not Acceptable)

**7153 San Sanci Rd.**

City

**Jacksonville**

FL

Zip Code

**32216**

**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

**Richard D. Redman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**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

TITLE	<b>Owner / President</b>	TITLE	
NAME	<b>Richard D. Redman</b>	NAME	
STREET ADDRESS	<b>7153 San Sanci Rd.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, Florida 32216</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**Sorry it's late,  
was misplaced until  
a few weeks ago,  
and didn't have  
the funds until  
now.**

**Thanks,**

**Richard Redman**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Richard D. Redman (Richard D. Redman)**

Date

**04/31/07 349 8564**

Daytime Phone #