

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000050680**

1. Entity Name  
**WILHELM PEST CONTROL, INC.**



Principal Place of Business  
**4211 6TH AVE. NE  
 NAPLES, FL 34120**

Mailing Address  
**4211 6TH AVE. NE  
 NAPLES, FL 34120**

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0771423**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILHELM, ROBERT M  
 4211 6TH AVE. NE  
 NAPLES, FL 34120**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000344429  
 05/29/08-80098-022 150.00

10. OFFICERS AND DIRECTORS

TITLE: PT  
 NAME: WILHELM, ROBERT M  
 STREET ADDRESS: 4211 6TH AVE NE  
 CITY - ST - ZIP: NAPLES, FL 34120

TITLE: VPS  
 NAME: WILHELM, MARCIA J  
 STREET ADDRESS: 4211 6TH AVE NE2  
 CITY - ST - ZIP: NAPLES, FL 34120

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
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 CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY - ST - ZIP: \_\_\_\_\_

**DO NOT WRITE 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: Robert M Wilhelm Date: 4/28/08 Daytime Phone #: (239) 352-0768