

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90007 012 ***150.00

DOCUMENT # P98000001862

1. Entity Name

MAXIMUM PEST SERVICES, INC.



Principal Place of Business

4911 NE9 AVE
OAKLAND PARK FL 33334

Mailing Address

PO BOX 23578
FT LAUDERDALE FL 33307



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0602547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROW, LISA
4321 NE 17 AVE
OAKLAND PK FL 33334

7. Name and Address of New Registered Agent

Name Lisa Crow

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

4911 N.E. 9 AVE office C+D

City Oakland Park

FL

Zip Code

33334

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 r applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CROW, CHRISTOPHER ☐ Delete
STREET ADDRESS 4321 NE 17 AVE
CITY - ST - ZIP OAKLAND PK FL 33334

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

TITLE STD
NAME CROW, LISA ☐ Delete
STREET ADDRESS 4321 NE 17 AVE
CITY - ST - ZIP OAKLAND PK FL 33334

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

TITLE ☐ Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Christopher R Crow* Christopher R Crow 2-20-07 954-776-4519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone