2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000010088

1. Entity Name
MIKE'S PEST CONTROL, INC.

Principal Place of Business	Mailing Address
4630 SADDLE CREEK RUN ROAD NEW SMYRNA BEACH, FL 32168	4630 SADDLE CREEK RUN ROAD NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3606796
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POOLE, MICHAEL A
4630 SADDLE CREEK RUN ROAD
NEW SMYRNA BEACH, FL 32168

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEAR, SUSAN
STREET ADDRESS	373 BENT OAK DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	V
NAME	SHERIDAN, BETH
STREET ADDRESS	136 SALVADORE PLACE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TS
NAME	SHERIDAN, JOSEPH
STREET ADDRESS	136 SALVADORE PLACE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80108-021 150.00

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

SIGNATURE: Susan Lear SUSAN LEAR 4-25-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #