

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000010088

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



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

Mailing Address
4630 SADDLE CREEK RUN ROAD
NEW SMYRNA BEACH, FL 32168



04252008 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 SALVATORE PLACE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE TS
NAME SHERIDAN, JOSEPH
STREET ADDRESS 136 SALVATORE 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

**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: *Susan Lear* SUSAN LEAR 4-28-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-428-8113