

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000054049

1. Entity Name  
HOLLYWOOD EAST PEST CONTROL, INC.



**FILED  
Apr 17, 2006 8:00 am  
Secretary of State**

04-17-2006 90363 003 \*\*\*150.00

Principal Place of Business  
8503 FOREST CITY RD  
ORLANDO, FL 32810

Mailing Address  
2010 N. NEBRASKA AVE.  
TAMPA, FL 33602

2. Principal Place of Business  
*2920 S. Orlando DR*

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
*Sanford* FL

City & State

Zip  
*32773*

Country  
*USA*

Zip

Country

6. Name and Address of Current Registered Agent

STOVER, WILLIAM J  
5005 SAN JOSE  
TAMPA, FL 33629

Name

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

*2010 N Nebraska Ave*

City

*TAMPA*

FL

Zip Code  
*33602*

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
DAY, STEVE  
3104 THACKERY CT.  
PLANT CITY, FL 33567

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
STOVER, JON  
5005 W SAN JOSE  
TAMPA, FL 33629

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*William J Stover*  
*2010 N Nebraska Ave*  
*Tampa FL 33602*

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres*

*4/12/06*

*813-490-1084*

Date

Daytime Phone #