

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90083 001 \*\*\*150.00

**DOCUMENT # P98000085094**

1. Entity Name  
**A TO Z PEST CONTROL SERVICES, INC.**



Principal Place of Business  
**1710 LOUISE AVE  
PANAMA CITY, FL 32401**

Mailing Address  
**1710 LOUISE AVE  
PANAMA CITY, FL 32401**

**50061720**



08022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3555388</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**ROBERTS, JULIAN WAYNE  
1706 LOUISE AVE.  
PANAMA CITY, FL 32401**

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ROBERTS, BRAIN PAUL
STREET ADDRESS	316 BRANDYWINE BLVD.
CITY-ST-ZIP	THIBODAUX, LA 70301

TITLE	DT
NAME	ROBERTS, JULIAN WAYNE
STREET ADDRESS	1706 LOUISE AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

August 2, 2005

ATTACHMENT

SV 061720

Division of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

Re: A to Z Pest Control, Inc.  
1710 Louise Ave.  
Panama City, FL 32401  
Document #P98000085094

Dear Sir or Madame:

We've received a Notice of Intent to Dissolve the above referenced entity. This is the first notice that has been received concerning filing a 2005 UBR. We ask that any penalty be waived and submit the filing fee of \$150.00.

Thank you for your consideration. If any further information or correspondence is required please advise.

  
for A to Z Pest Control, Inc.