

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000037959

1. Entity Name

FATHER AND SON PEST CONTROL SERVICE, INC



Principal Place of Business

7105 BRAMBLEWOOD DR.
PORT RICHEY, FL 34668

Mailing Address

7105 BRAMBLEWOOD DR.
PORT RICHEY, FL 34668



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3575237

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIERWEILER, RAYMOND H
9039 LITTLE ROAD
NEW PORT RICHEY, FL 34654

**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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
D
HOLT, MICHAEL LYNN
7105 BRAMBLEWOOD DR.
PORT RICHEY, FL 34668

TITLE
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CITY-ST-ZIP

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U000000261223
03/14/05-80002-004 150.00

**DO NOT WRITE
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)(f), 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:

Michael L Holt Michael L Holt

3-9-05

721-859-9093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #