

2005

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90140 008 ***155.00

DOCUMENT # P99000042268

1. Entity Name

VAL'S PEST CONTROL, INC.



Principal Place of Business

2722 W. ATLANTIC BLVD.
SUITE 14
POMPANO BEACH FL 33069

Mailing Address

2722 W. ATLANTIC BLVD.
SUITE 14
POMPANO BEACH FL 33069

2. Principal Place of Business

2770 S.W. 2nd. STREET

Suite, Apt. #, etc.

3. Mailing Address

2770 S.W. 2nd. STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE FL.

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. FEI Number

65-0915824

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NARINE, VALETINE
2400 W BROWARD BLVD #606
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

NARINE, VALETINE I.

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

3451 N.W. 43 PL.

City

LAUDERDALE LKS.,

FL

Zip Code

33309

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

Valentine P. Narine

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

(NOTE: Registered Agent signature required when reinstating)

April 29-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	<input checked="" type="checkbox"/> Delete
	AMMONS, DAVID	7865 HAMPTON BLVD., APT 7865	N. LAUDERDALE FL 33068	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	NARINE, VALETINE I	3451, N.W. 43 PL.	LAUDERDALE LKS., FL, 33309		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Valentine P. Narine / NARINE, VALETINE I. April 29 05 (PSA)-316-3979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #