

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90024 035 \*\*\*150.00

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|--|---|---|--|--|--|
| <b>DOCUMENT # P99000048494</b>   |   |   |  |  |  |
| <b>1. Entity Name</b><br>KATSS PEST CONTROL, INC.  |   |   |  |  |  |
| <b>Principal Place of Business</b><br>6550 INDUSTRIAL WAY<br>PORT RICHEY, FL 34668   |   |   | <b>Mailing Address</b><br>P.O. BOX 1208<br>PORT RICHEY, FL 34673   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>6700 INDUSTRIAL AVE<br>Suite, Apt. #, etc.  |   |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.   |  |  |
| <b>City &amp; State</b><br>PORT RICHEY<br>FL   |   | <b>City &amp; State</b><br>PORT RICHEY<br>FL  |  | <b>4. FEI Number</b><br>51-0506178   |  |
| <b>Country</b><br>FL   |   | <b>Country</b><br>FL  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>REYNOLDS, CLAUDETTE<br>6550 INDUSTRIAL WAY<br>PORT RICHEY, FL 34668  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name: REYNOLDS, CLAUDETTE<br>Street Address (P.O. Box Number is Not Acceptable): 6700 INDUSTRIAL AVE<br>City & State: PORT RICHEY FL Zip Code: 34668 |  |  |
| <b>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</b><br>SIGNATURE: <u>Claudette Reynolds</u> PRES DATE: <u>4/29/08</u><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring))</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>REYNOLDS, CLAUDETTE<br>6550 INDUSTRIAL WAY<br>PORT RICHEY, FL 34668 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 6700 INDUSTRIAL AVE<br>PORT RICHEY, FL 34668   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SECY<br>REYNOLDS, WILLIAM L<br>6550 INDUSTRIAL WAY<br>PORT RICHEY, FL 34668 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 6700 INDUSTRIAL AVE<br>PORT RICHEY, FL 34668   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b> <u>Claudette Reynolds</u>  |   | CLAUDETTE REYNOLDS, PRES.   |  | 4/29/08 727-841-6616   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date</small>   |  | <small>Daytime Phone #</small>   |  |