



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1/2006-90293-034-\$150.00-\$150.00

DOCUMENT # P99000102515 1. Entity Name ADAM ANT PEST CONTROL SERVICES, INC.		 <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div>06 JUN -9 AM 11:58</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div>1st MOORE CR2E034 (10/05)</div>	
Principal Place of Business 18620 CORTEZ BLVD BROOKSVILLE FL 34601		Mailing Address 18620 CORTEZ BLVD BROOKSVILLE FL 34601	
2. Principal Place of Business 628 W. Jefferson St. Suite, Apt. #, etc. Brooksville, FL. City & State 34601, Hernando Zip 		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip 	
4. FEI Number 59-3611087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOGAN, THOMAS S JR 20 S. BROAD STREET BROOKSVILLE FL 34601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REMONDELLI, ADAM	NAME	
STREET ADDRESS	24176 WESTSHIRE CRT	STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34601	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REMONDELLI, ANNA	NAME	
STREET ADDRESS	24176 WESTSHIRE CT	STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34601	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Anna Remondelli (Treasurer)</i> 6-7-06 (352) 540-9933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	