

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # S21328

1. Entity Name
AMBASSADOR PEST MANAGEMENT, INC.



Principal Place of Business
1401 FORSYTHE RD
WEST PALM BEACH, FL 33405 US

Mailing Address
P. O.B OX 327
W PALM BEACH, FL 33402 US



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0239843	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

LEWIS, SCOTT
10175 S.W. GREENRIDGE LANE
PALM CITY, FL 34990

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, SCOTT
STREET ADDRESS	10175 S.W. GREENRIDGE LANE
CITY - ST - ZIP	PALM CITY, FL 34990

TITLE	V
NAME	CHAVEZ, RAFAEL
STREET ADDRESS	1630 ROCK TERR.
CITY - ST - ZIP	WEST PALM BEACH, FL

TITLE	S
NAME	LEWIS, SHERRY
STREET ADDRESS	10175 S.W. GREENRIDGE LANE
CITY - ST - ZIP	PALM CITY, FL 34990

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/28/06-80069-012 150.00

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL CHAVEZ

4/12/06

Date

561-689-5190

Daytime Phone #