2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # S21328

1. Entity Name
AMBASSADOR PEST MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1401 FORSYTHE RD WEST PALM BEACH, FL 33405 US	P. O.B OX 327 W PALM BEACH, FL 33402 US

02252008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0239843
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000845111
03/13/08-80026-012 150.00

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	

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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: RAFAEL CHAVEZ 02/28/08 561-689-5190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #