

**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 1401 FORSYTHE RD WEST PALM BEACH, FL 33405 US	Mailing Address P. O. BOX 327 W PALM BEACH, FL 33402 US
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02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0239843	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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

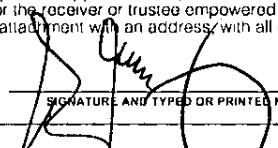
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	000000845111 03/13/08-90026-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LEWIS, SCOTT 10175 S.W. GREENRIDGE LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CHAVEZ, RAFAEL 1630 ROCK TERR. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S LEWIS, SHERRY 10175 S.W. GREENRIDGE LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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 #