

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90044 044 ***150.00

DOCUMENT # S28399

1. Entity Name

SANTA ROSA PEST CONTROL, INC.



Principal Place of Business

3200 SAMANATHA DR
CANTONMENT FL 32533

Mailing Address

3200 SAMANATHA DR
CANTONMENT FL 32533
US

2. Principal Place of Business - No P.O. Box #

7313 Belgium Rd

Suite, Apt. #, etc.

3. Mailing Address

7313 Belgium Rd

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip
32526

Country

USA

City & State

Pensacola, FL

Zip
32526

Country

USA

4. FEI Number

59-3055689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAM, JR, EUGENE D
3200 SAMANTHA DR
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name
PAUL EUGENE HAM
Street Address (P.O. Box Number is Not Acceptable)
7313 Belgium Rd
Pensacola, FL 32526
City
FL Zip Code

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 of person named in 6. or 7. (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAM, JR, EUGENE D
3200 SAMANTHA DR
CANTONMENT FL 32533 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HAM, PAUL Eugene
7313 Belgium Rd
Pensacola, FL 32526 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #