# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # S64709

1. Entity Name
GATEWAY PEST CONTROL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| U.S. 90 & E. MT. VERNON STREET<br>GLEN ST. MARY, FL 32040 US | P.O. BOX 415<br>GLEN ST. MARY, FL 32040 |

01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3072581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONDS, BEVERLY K
U.S. 90 & E. MT. VERNON STREET
GLEN ST. MARY, FL 32040

**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 Beverly K Monds 1/26/06
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 | PD |
| NAME | MONDS, BEVERLY K |
| STREET ADDRESS | U.S. 90 & E. MT. VERNON STREET |
| CITY-ST-ZIP | GLEN ST. MARY, FL 32040 |
| TITLE | VPD |
| NAME | MONDS, ESTON G |
| STREET ADDRESS | U.S. 90 & E. MT. VERNON STREET |
| CITY-ST-ZIP | GLEN ST. MARY, FL 32040 |
| TITLE | STD |
| NAME | MONDS, SHANNON G |
| STREET ADDRESS | U.S. 90 & E. MT. VERNON STREET |
| CITY-ST-ZIP | GLEN ST. MARY, FL 32040 |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/10/06-80015-020 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Beverly K Monds 1/26/06 904-255-3808