


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S77133	
1. Entity Name PORT ORANGE PEST CONTROL INC.	

Principal Place of Business 767 KENOWOOD DR PT ORANGE, FL 32129	Mailing Address 767 KENOWOOD DR PT ORANGE, FL 32129
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3083854	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLETTE, JUDITH G
767 KENOWOOD DR
PORT ORANGE, FL 32129

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLETTE, DONALD R 767 KENOWOOD DR PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLETTE, JUDITH G 767 KENOWOOD DR PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLETTE, GREGORY D. 54 GOLDEN GATE CIRCLE PORT ORANGE, FL
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: Judith G. Collette JUDITH G. COLLETTE 2/9/06 386-788-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #