

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 018 ***150.00

DOCUMENT # V22738

1. Entity Name
MID FLORIDA PEST CONTROL, INC.



Principal Place of Business
1400 SOUTH DELANEY AVE.
ORLANDO, FL 32806

Mailing Address
PO BOX 721063
ORLANDO, FL 32872

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3114724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ENGAR, RANDALL
1400 DELANEY
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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: *Randall Engar*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

1/28/08

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

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: ENGAR, RANDALL L.
STREET ADDRESS: 1400 S. DELANEY AVE.
CITY - ST - ZIP: ORLANDO, FL ☐ Delete

TITLE: VP
NAME: COMMITTE, LOUIS
STREET ADDRESS: 4842 DUNBARTON DRIVE
CITY - ST - ZIP: ORLANDO, FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President, Secretary
NAME: ENGAR, RANDALL L.
STREET ADDRESS: 1400 S. DELANEY AVE.
CITY - ST - ZIP: ORLANDO, FL 32806 ☒ Change ☐ Addition

TITLE: Treasurer, Vice President
NAME: COMMITTE, LOUIS
STREET ADDRESS: 4842 DUNBARTON DRIVE
CITY - ST - ZIP: ORLANDO, FL 32817 ☒ Change ☐ Addition

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

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

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

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

1/28/08 407-426-8121