

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90176 020 ***158.75

DOCUMENT # V58572

1. Entity Name
MASTERKILL PEST CONTROL INC.



Principal Place of Business

1203 PEAVY RD.
JACKSONVILLE, FL 32254 US

Mailing Address

1203 PEAVY RD.
JACKSONVILLE, FL 32254 US

50044523



2. Principal Place of Business

2122 BURPEE DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 6746

Suite, Apt. #, etc.

01252005

Chg-P

CR2E034 (10/03)

City & State

JACKSONVILLE, FL.

Zip
32210

Country

FLORIDA

City & State

JACKSONVILLE, FL.

Zip

32236

Country

FLORIDA

4. FEI Number

59-3166012

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FENDER, ROGER
2234 FOURAKER ROAD
JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent

Name

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

9079 FORD RD.



City

BRYCEVILLE

FL

Zip Code

32009

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FENDER, ROGER	
STREET ADDRESS	2234 FOURAKER ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FENDER, CHRISTINE	
STREET ADDRESS	2234 FOURAKER RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDRE, MARCELLA	
STREET ADDRESS	2122 BURPEE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENDER, ROGER	
STREET ADDRESS	9079 FORD RD.	
CITY-ST-ZIP	BRYCEVILLE, FL. 32009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address with an address, with all other like empowered.

SIGNATURE:

Rosa Fender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 904-7815968