

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90113 019 \*\*\*150.00

DOCUMENT # V64720

1. Entity Name

SIGNAL PEST CONTROL INC.



Principal Place of Business

1650 W OAKLAND PARK BLVD  
SUITE 159  
FT LAUDERDALE FL 33311

Mailing Address

1650 W OAKLAND PARK BLVD  
SUITE 159  
FT LAUDERDALE FL 33311



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

17919 N.W. 294 ST

3. Mailing Address

17919 N.W. 294 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OKEECHOBEE

OKEECHOBEE

City & State

City & State

OKEECHOBEE, FL

OKEECHOBEE, FL

Zip

Country

Zip

Country

34972 OKEECHOBEE

34972 OKEECHOBEE

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0356953

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILES, EARL P  
1650 W OAKLAND PARK BLVD  
SUITE 159  
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

MILES, EARL P

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

17919 N.W. 294 STREET

OKEECHOBEE

City

OKEECHOBEE

FL

Zip Code

34972

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

Earl Miles, Pres

4-23-07

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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 VP ☒ Delete  
NAME MILES, DOROTHY M  
STREET ADDRESS 7325 NW 54 ST  
CITY-STATE-ZIP LAUDERHILL FL

TITLE DP ☐ Delete  
NAME MILES, EARL P  
STREET ADDRESS 1650 W OAKLAND PARK BLVD  
CITY-STATE-ZIP FT LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition  
NAME MILES, DOROTHY M  
STREET ADDRESS 17919 N.W. 294 ST  
CITY-STATE-ZIP OKEECHOBEE, FL 34972

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-STATE-ZIP

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

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

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:

Earl Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #