

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714998

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA PEST MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

6882 EDGEWATER COMMERCE PARKWAY
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6882 EDGEWATER COMMERCE PARKWAY
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-0839828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAITHNESS, TONI
6882 EDGEWATER COMMERCE PARKWAY
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: POMFRET, DAVID
Address: P.O. BOX 4093
City-St-Zip: SARASOTA, FL 34230

Title: T () Delete
Name: LEGGETT, JENNIFER
Address: 2134 HAINEO ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: P () Delete
Name: POEST, DOUG V
Address: 6882 EDGEWATER COMMERCE PARKWAY
City-St-Zip: ORLANDO, FL 32810

Title: PD () Delete
Name: GRIMES, RICK
Address: 6882 EDGEWATER COMMERCE PARKWAY
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: NOLEN, DAVID
Address: 5400 BROADWAY
City-St-Zip: W. PALM BEACH, FL 33407

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: POMFRET, DAVID
Address: P.O. BOX 4093
City-St-Zip: SARASOTA, FL 34230

Title: VP (X) Change () Addition
Name: LEGGETT, JENNIFER
Address: 2134 HAINEO ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: PP (X) Change () Addition
Name: POEST, DOUG V
Address: 6882 EDGEWATER COMMERCE PARKWAY
City-St-Zip: ORLANDO, FL 32810

Title: P (X) Change () Addition
Name: GRIMES, RICK
Address: 6882 EDGEWATER COMMERCE PARKWAY
City-St-Zip: ORLANDO, FL 32810

Title: T (X) Change () Addition
Name: NOLEN, DAVID
Address: 5400 BROADWAY
City-St-Zip: W. PALM BEACH, FL 33407

Title: S () Change (X) Addition
Name: HULETT, TIM
Address: 7670 OKEECHOBEE BLVD.
City-St-Zip: W. PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI CAITHNESS

Electronic Signature of Signing Officer or Director

EVP

04/29/2005

Date