2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an atta

SIGNATURE:

Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # G83439 1. Entity Name PESTOP COMMERCIAL PEST PREVENTION INC. Principal Place of Business Mailing Address 6721 BLVD OF CHAMPIONS NORTH LAUDERDALE FL 33068 US 6721 BLVD OF CHAMPIONS NORTH LAUDERDALE FL 33068 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65~0099168 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHISON, TOM B. Street Address (P.O. Box Number is Not Acceptable) 6721 BLVD OF CHAMPIONS N LAUDERDALE FL 33068 Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE 33713 Change ☐ Delete U00000304292 MATHISON, TOM NAME NAME 04/14/05-80037-006 150.00 STREET ADDRESS STREET ADDRESS 6721 BLVD OF CHAMPIONS N LAUDERDALE FL CHY-ST. 7P CITY-ST-ZIP THILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete Hitt Change Addition NAME STREET ADDRESS STREET ADDRESS City - St - 7tP CITY-ST-7P ☐ Change ☐ Addition TITLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLIX-SI-ZIP TITLE Delete ille Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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