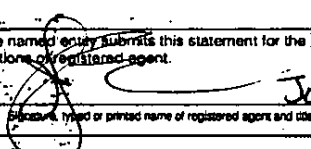
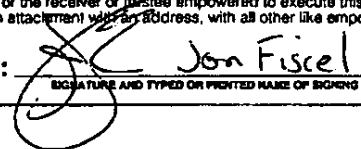


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90064 007 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                 |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P04000058047</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                |                                                                   |
| 1. Entity Name<br><b>A-Z PEST SOLUTIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                 |                                                                   |
| Principal Place of Business<br><b>240 EAST ROSERY RD<br/>LARGO, FL 33770</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Mailing Address<br><b>240 EAST ROSERY RD<br/>LARGO, FL 33770</b>                                |                                                                   |
| 2. Principal Place of Business<br><b>240 Rosery Rd. E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 3. Mailing Address<br><b>240 Rosery Rd. E.</b>                                                  |                                                                   |
| Suite, Apt. #, etc.<br><b>Largo FL 33</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Suite, Apt. #, etc.<br><b>---</b>                                                               |                                                                   |
| City & State<br><b>Largo Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | City & State<br><b>Largo FL</b>                                                                 |                                                                   |
| Zip<br><b>33770</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>           | Zip<br><b>33770</b>                                                                             | Country<br><b>USA</b>                                             |
| 6. Name and Address of Current Registered Agent<br><b>FISCEL, JON WILLIAM<br/>240 EAST ROSERY RD<br/>LARGO, FL 33770</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 4. FEI Number<br><b>20-0997561</b>                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                   |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                          |                                                                   |
| Name<br><b>---</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | City<br><b>---</b>                                                                              |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>---</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Zip Code<br><b>FL</b>                                                                           |                                                                   |
| City<br><b>---</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Zip Code<br><b>---</b>                                                                          |                                                                   |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | DATE<br><b>4-15-05</b>                                                                          |                                                                   |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                 |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                 |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>owner / President<br/>Jon William Fisel<br/>240 Rosery Rd. E.<br/>Largo, FL 33770</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 attachment with my address, with all other like empowered. |                                 |                                                                                                 |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | Date<br><b>3/13/05</b>                                                                          |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Daytime Phone #<br><b>727-424-8645</b>                                                          |                                                                   |