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Apr 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000058047

1. Entity Name
A-Z PEST SOLUTIONS, INC.

Principal Place of Business	Mailing Address
240 EAST ROSERY RD LARGO, FL 33770	240 EAST ROSERY RD LARGO, FL 33770

66010527

02232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
240 Rosery Rd. E		240 Rosery Rd. E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Largo Florida		City & State: Largo, FL	
Zip: 33770	Country: USA	Zip: 33770	Country: USA

4. FEI Number: 20-0993561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FISCEL, JON WILLIAM 240 EAST ROSERY RD LARGO, FL 33770	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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: Jon William Fiscel Owner/President 4-15-05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner/President Jon William Fiscel 240 Rosery Rd. E. Largo, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: Jon Fiscel 3/13/05 727-424-8645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #