

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90083 001 ***150.00

DOCUMENT # P98000085094

1. Entity Name
A TO Z PEST CONTROL SERVICES, INC.



Principal Place of Business
 1710 LOUISE AVE
 PANAMA CITY, FL 32401

Mailing Address
 1710 LOUISE AVE
 PANAMA CITY, FL 32401

50061720



08022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3555388	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JULIAN WAYNE
 1706 LOUISE AVE.
 PANAMA CITY, FL 32401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROBERTS, BRAIN PAUL
STREET ADDRESS	316 BRANDYWINE BLVD.
CITY-ST-ZIP	THIBODAUX, LA 70301
TITLE	DT
NAME	ROBERTS, JULIAN WAYNE
STREET ADDRESS	1706 LOUISE AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *J. W. Roberts* *Julian W. Roberts* *8-5-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

August 2, 2005

ATTACHMENT
SU 061720

Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

Re: A to Z Pest Control, Inc.
1710 Louise Ave.
Panama City, FL 32401
Document # P98000085094

Dear Sir or Madame:

We've received a Notice of Intent to Dissolve the above referenced entity. This is the first notice that has been received concerning filing a 2005 UBR. We ask that any penalty be waived and submit the filing fee of \$150.00.

Thank you for your consideration. If any further information or correspondence is required please advise.



for A to Z Pest Control, Inc.