

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065625

**FILED
Jan 20, 2005
Secretary of State**

Entity Name: ASSASSIN PEST MANAGEMENT, INC.

Current Principal Place of Business:

New Principal Place of Business:

6967 BOTTLE BRUSH DR.
PORT RICHEY, FL 34668

Current Mailing Address:

New Mailing Address:

6967 BOTTLE BRUSH DR.
PORT RICHEY, FL 34668

FEI Number: 59-3589708 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CUMMINGS, DANIEL L
6967 BOTTLE BRUSH DR.
PORT RICHEY, FL 34668 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CUMMINGS, DANIEL L
Address: 6967 BOTTLE BRUSH DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD () Delete
Name: PLEKKENPOL, KEVIN C
Address: 22129 E. LAKE LOOP
City-St-Zip: LAND O'LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN CUMMINGS

PRES

01/20/2005

Electronic Signature of Signing Officer or Director

Date