

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065625

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: ASSASSIN PEST MANAGEMENT, INC.

## Current Principal Place of Business:

6967 BOTTLE BRUSH DR.  
PORT RICHEY, FL 34668

## New Principal Place of Business:

8116 BARBERRY DRIVE  
PORT RICHEY, FL 34668

## Current Mailing Address:

6967 BOTTLE BRUSH DR.  
PORT RICHEY, FL 34668

## New Mailing Address:

8116 BARBERRY DRIVE  
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:

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

## Name and Address of New Registered Agent:

CUMMINGS, DANIEL L  
8116 BARBERRY DRIVE  
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: DANIEL CUMMINGS

02/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: CUMMINGS, DANIEL L  
Address: 8116 BARBERRY DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

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 Chapter 119, 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: DANIEL CUMMINGS

PRES

02/09/2006

Electronic Signature of Signing Officer or Director

Date