

FILED
Feb 25, 2005 8:00 am
Secretary of State

1/2

01-25-2005 90030 022 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L60525 1. Entity Name A-BANISH PEST CONTROL, INC.	
---	---

Principal Place of Business 6480 RICHARDSON RD SARASOTA, FL 34240-7403 US	Mailing Address 6480 RICHARDSON RD SARASOTA, FL 34240-7403 US
---	---

66002673



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0177853	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TAULBEE, GREG 6480 RICHARDSON RD SARASOTA, FL 34240-7403	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAULBEE, GREGORY A 6480 RICHARDSON RD SARASOTA, FL 342407403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAULBEE, JUDITH L 6480 RICHARDSON RD SARASOTA, FL 342407403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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: *Greg Taulbee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 941-377-7680
Date Daytime Phone