

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000059294

1. Entity Name
INSECT-E-CUTER PEST CONTROL INCORPORATED



Principal Place of Business
**29733 S.W. 158 CT.
 HOMESTEAD, FL 33033**

Mailing Address
**815 N HOMESTEAD BLVD #205
 HOMESTEAD, FL 33030**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1115227** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, DAVID R
 815 N HOMESTEAD BLVD #205
 HOMESTEAD, FL 33030**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PSD
 NAME: GARCIA, DAVID R
 STREET ADDRESS: 815 N. HOMESTEAD BLVD #205
 CITY-ST-ZIP: HOMESTEAD, FL 33030

TITLE: VPTD
 NAME: GARCIA, JANET
 STREET ADDRESS: 815 N. HOMESTEAD BLVD. #205
 CITY-ST-ZIP: HOMESTEAD, FL 33030

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U00000530147
 05/05/06-80103-020 150.00

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Janet Garcia* **JANET GARCIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 **305-242-0384**
Date Daytime Phone #