

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 222684

FILED
Apr 15, 2005
Secretary of State

Entity Name: PETRI'S POSITIVE PEST CONTROL, INC.

Current Principal Place of Business:

737 S.W. 9TH TERRACE
POMPANO BEACH, FL 330694521

New Principal Place of Business:

Current Mailing Address:

737 S.W. 9TH TERRACE
POMPANO BEACH, FL 330694521

New Mailing Address:

FEI Number: 59-0865900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVANAGH, BRENDAN
737 S.W. 9TH TERRACE
POMPANO BEACH, FL 330694521 US

Name and Address of New Registered Agent:

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:

Title: COB () Delete
Name: PETRI,HENRY C,
Address: 2780 N.E. 9T CT.
City-St-Zip: POMPANO, FL 33069

Title: P () Delete
Name: CAVANAGH, BRENDAN,
Address: 11017 NW 28 ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD () Delete
Name: LAUSIER, DEBORAH
Address: 4120 SABAL LAKES ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete
Name: CAVANAGH, CHRISTOPHER
Address: 737 SW 9TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: PETRI,HENRY C,
Address: 2780 N.E. 9TH CT.
City-St-Zip: POMPANO BEACH, FL 33062

Title: P (X) Change () Addition
Name: CAVANAGH, BRENDAN,
Address: 10424 ST ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

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

Title: VP (X) Change () Addition
Name: CAVANAGH, CHRISTOPHER
Address: 1695 E CLASSICAL BLVD
City-St-Zip: DELRAY BEACH, FL 33445

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: DEBORAH LAUSIER

STD

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date