

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 222684

FILED  
Feb 22, 2006  
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. 9TH CT.  
City-St-Zip: POMPANO BEACH, FL 33062

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

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: 1695 E CLASSICAL BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DEBORAH LAUSIER

STD

02/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date