2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2005
Secretary of State

DOCUMENT# 577091

Entity Name: CROSS PEST CONTROL OF PLANT CITY, INC.

Current Principal Place of Business:

606 S EVERS ST
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

606 S EVERS ST
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-1830502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERRILL, RUTH
606 SOUTH EVERS STREET
PLANT CITY, FL 33563 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SDV ( ) Delete
Name: MERRILL, RUTH,
Address: 606 S. EVENS ST.
City-St-Zip: PLANT CITY, FL 33563

Title: PD ( ) Delete
Name: MERRILL, J D,
Address: 606 S. EVENS ST.
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: JONES, ROBERT G.,
Address: 4003 S. EDWARD RD.
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete
Name: MERRILL, CYNTHIA,
Address: 2224 RIGHTAWAY LANE
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete
Name: MERRILL, ALLEN D.,
Address: 2224 RIGHTAWYA LANE
City-St-Zip: PLANT CITY, FL

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:

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 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: MERRILL, RUTH SDV 05/30/2005

Electronic Signature of Signing Officer or Director Date