

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 629727

FILED
Feb 01, 2005
Secretary of State

Entity Name: HAM PEST CONTROL, INC.

Current Principal Place of Business:

6259 SONDU DR.
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

6259 SONDU DR.
PENSACOLA, FL 32526 US

New Mailing Address:

P. O. BOX 37294
PENSACOLA, FL 32526 US

FEI Number: 59-1920276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAM, PHILIP A
3205 SAMANTHA DR
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

HAM, PHILIP A
3205 SAMANTHA DR
CANTONMENT, FL 32533 US

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:

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAM, EUGENE D, JR,
Address: 7095 GLENDORA STREET
City-St-Zip: PENSACOLA, FL 00000,

Title: VP () Delete
Name: HAM, PHILIP A,
Address: 3205 SAMANTHA DR
City-St-Zip: CANTONMENT, FL

Title: S () Delete
Name: HAM, PAUL
Address: 7095 GLENDORA ST
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: HAM, MARTIN D
Address: 3205 SAMANTHA DR.
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAM, EUGENE D JR
Address: 3200 SAMANTHA DR.
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change () Addition
Name: HAM, PHILIP A
Address: 3205 SAMANTHA DR
City-St-Zip: CANTONMENT, FL

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

Title: T (X) Change () Addition
Name: HAM, MARTIN D
Address: 3204 SAMANTHA DR.
City-St-Zip: CANTONMENT, FL 32533

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: PHILIP HAM

VP

02/01/2005

Electronic Signature of Signing Officer or Director

Date