


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 634226	
1. Entity Name J.D. SMITH EXTERMINATORS OF HUDSON, INC.	

Principal Place of Business 15630 COUNTY LINE RD SPRING HILL, FL 34610 US	Mailing Address PO BOX 3309 SPRING HILL, FL 34611 US
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1935677	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOZMOSKI, JR. J 600 BYPASS DR STE 215 CLEARWATER, FL 34624	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAFEL, JOHN H 8633 HELMSLY DR BAYONET POINT, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JAMES D 8805 MOCCASIN SLOUGH RD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENLEY, ZERRY 632 FISH HATCHERY ROAD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, SANDRA K 8112 SOMERSET DR LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John H Tafel John H Tafel 3-22-5 727-856-7378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #