


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 669577
 1. Entity Name
 ACME PESTMASTERS CORP.



Principal Place of Business
 1368 N.W. 103RD LANE
 CORAL SPRINGS, FL 33071

Mailing Address
 P O BOX 17083
 PLANTATION, FL 33318

DO NOT WRITE IN THIS SPACE



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1995906

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERVYN, H RICKMAN
 1368 NW 103RD LANE
 CORAL SPRINGS, FL 33071

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICKMAN, MERVYN H.
STREET ADDRESS	1368 N.W. 103RD LANE
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	S
NAME	RICKMAN, LORRAINE
STREET ADDRESS	1368 N.W. 103RD LANE
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Mervyn Rickman Mervyn Rickman 2/6/05 561-342-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #