2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005
Secretary of State

DOCUMENT# F19045

Entity Name: BROCK PEST CONTROL, INC.

Current Principal Place of Business:

802 WEST HIGHWAY 390
P.O. BOX 321
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

802 WEST HIGHWAY 390
P.O. BOX 321
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 59-2090795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, DOUGLAS H
802 W. HWY 390
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

BROCK, HUEY D
802 W. HWY 390
LYNN HAVEN, FL 32444 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: HUEY DOUGLAS BROCK 02/08/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROCK, DOUGLAS,
Address: 802 WEST HIGHWAY 390
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: STD ( ) Delete
Name: BROCK, JUDY M
Address: 802 WEST HIGHWAY 390
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VPD ( ) Delete
Name: BROCK, TIMOTHY S
Address: 802 WEST HIGHWAY 390
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROCK, HUEY DOUGLAS,
Address: 802 WEST HIGHWAY 390
City-St-Zip: LYNN HAVEN, FL 32444 US

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: HUEY DOUGLAS BROCK PD 02/08/2005
Electronic Signature of Signing Officer or Director Date