


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G31368	
1. Entity Name TOM & JERRY'S PEST CONTROL, INC.	

Principal Place of Business 2455 JAY JAY ROAD TITUSVILLE, FL 32796	Mailing Address 2455 JAY JAY ROAD TITUSVILLE, FL 32796
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2062206	App'd for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMB, ALBERT G. 2455 JAY JAY ROAD TITUSVILLE, FL 32796	
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when renewing 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	P LAMB, ALBERT G. 2326 HOLDER RD MIMS, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	STD LAMB, CASSANDRA H. 2326 HOLDER RD MIMS, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	C LAMB, ALBERT THOMAS 2326 HOLDER RD MIMS, FL
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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)(c), 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:  **Albert G. Lamb** 4-18-05 32-267-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputy Phone #