


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90306 009 ***150.00

DOCUMENT # G48111			
1. Entity Name RINGDAHL PEST CONTROL, INC. RINGDAHL PEST CONTROL CONSULTING, SERVICE INC			
Principal Place of Business 403 NE 6TH AVENUE BOYNTON BEACH FL 33435 US		Mailing Address P.O. BOX 988 POST OFFICE BOX 988 BOYNTON BEACH FL 33425-0988 US	
2. Principal Place of Business 2859 SOMERSET RD Suite, Apt. #, etc.		3. Mailing Address 2859 SOMERSET RD Suite, Apt. #, etc.	
City & State LANTANA FLA.		City & State LANTANA, FLA.	
Zip 33462	Country PALM BEACH	Zip 33462	Country PALM BEACH
6. Name and Address of Current Registered Agent RINGDAHL, JAMES D. 2859 SOMERSET RD. LANTANA FL 33462		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>James D. Ringdahl</u> JAMES D. RINGDAHL <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RINGDAHL, JAMES D. 2859 SOMERSET RD. LANTANA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RINGDAHL, SANDRA D 2859 SOMERSET RD. LANTANA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: James D. Ringdahl **JAMES D. RINGDAHL** **3-11-05** **561-968-1105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1st MOORE CR2E034 (10/04)