


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H38534 1. Entity Name IMPACT PEST MANAGEMENT, INC.	
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Principal Place of Business 501 E. LEMON ST. TARPON SPRINGS, FL 34689	Mailing Address 501 E. LEMON ST. TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2480740	Applied 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

**MILLER, FRANK A.
3158 HARVEST MOON DR
PALM HARBOR, FL 34683**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reconstituting)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP MILLER, FRANK A. 3158 HARVEST MOON DR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILLER, CYNTHIA R. 3158 HARVEST MOON DR PALM HARBOR, FL 34683
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03/02/06-80045-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 CYNTHIA REBEA MILLER SEC 3/14/06 727-938-6273

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #