


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # H74683 1. Entity Name ABC PEST CONTROL OF PINELLAS, INC.	
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Principal Place of Business 13275 66TH ST N LARGO, FL 33773 US	Mailing Address 13275 66TH ST N LARGO, FL 33773 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2571654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOVAN, MARK T. 8828 LAUREL DR. PINELLAS PARK, FL 33782

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	DV GOVAN, JOHN 13275 66TH ST N LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOVAN, ROBERTA 13275 66TH ST N LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOVAN, KATHLEEN 13275 66TH ST N LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC GOVAN, MARK 13275 66TH ST N LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/05-80044-007 150.00

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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: <u>Mark T. Govan</u> MARK T. GOVAN	Date <u>1-10-05</u>	Daytime Phone # <u>727-546-8787</u>
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