


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H90889 1. Entity Name COMPLETE PEST CONTROL, INC.		
Principal Place of Business 750 E. SAMPLE RD. BLDG. 6, BAY 2 POMPAÑO BEACH, FL 33064	Mailing Address 750 E. SAMPLE RD. BLDG. 6, BAY 2 POMPAÑO BEACH, FL 33064	



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2622943	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

**BERNTSON, MATHEW
176 S. SEWALLS PT. RD
STUART, FL 34996**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S**
NAME **STILES, BARBARA**
STREET ADDRESS **777 SE 2ND AVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **P**
NAME **BERNTSON, MATHEW**
STREET ADDRESS **176 S. SEWALL'S POINT RD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Barbara Stiles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

U000000243372
03/02/05-80069-007 150.00

2-23-05 954-786-0146