


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L50501</b>	
<b>1. Entity Name</b> ED REESE PEST CONTROL, INC.	

<b>Principal Place of Business</b> % EDWARD H. REESE, III 1472 GUAVA AVENUE MELBOURNE, FL 32935	<b>Mailing Address</b> % EDWARD H. REESE, III P. O. BOX 361004 MELBOURNE, FL 32936 US
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**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0176704	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

REESE, EDWARD H., III  
1472 GUAVA AVENUE  
MELBOURNE, FL 32935

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000277588 03/26/05-80027-016 158.75
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D REESE, EDWARD H. 1472 GUAVA AVE. MELBOURNE, 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)(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:** *Edward H Reese III* **Edward H Reese III** **03-23-05** **321.254-1900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #