

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L50501
 1. Entity Name
 ED REESE PEST CONTROL, INC.



Principal Place of Business % EDWARD H. REESE, III 1472 GUAVA AVENUE MELBOURNE, FL 32935	Mailing Address % EDWARD H. REESE, III P. O. BOX 361004 MELBOURNE, FL 32936 US
---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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)

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	U00000277588 03/26/05-80027-016 158.75
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	-------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, EDWARD H. 1472 GUAVA AVE. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *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 #