


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000017267</b> 1. Entity Name <b>AAA TERMITE &amp; PEST CONTROL, INC.</b>	
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Principal Place of Business <b>601 W DETROIT BLVD PENSACOLA FL 32534</b>	Mailing Address <b>601 W DETROIT BLVD PENSACOLA FL 32534</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number **59-3637299**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>ADAMS, PATRICIA W 601 W DETROIT BLVD PENSACOLA FL 32534</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ 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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>ADAMS, PATRICIA W</b> STREET ADDRESS <b>601 W DETROIT BV</b> CITY- ST- ZIP <b>PENSACOLA FL 32534</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete <b>ADAMS, BRYAN F</b> STREET ADDRESS <b>601 W DETROIT BV</b> CITY- ST- ZIP <b>PENSACOLA FL 32534</b>
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____
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TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____

U00000254741  
03/07/05-80085-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Patricia Adams* *Patricia Adams* 3-2-05 950 474-6480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #