


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000057834	
1. Entity Name ALLWAYS MC CAFFERTY'S TERMITE & PEST CONTROL, INC.	

Principal Place of Business 5925 15TH WAY NORTH ST.PETERSBURG, FL 33703	Mailing Address 5925 15TH WAY NORTH ST.PETERSBURG, FL 33703
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3651755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MC CAFFERTY, WILLIAM J 5925 15TH WAY NORTH ST.PETERSBURG, FL 33703
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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. (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	PT MC CAFFERTY, WILLIAM J 5925 15TH WAY NORTH ST.PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MC CAFFERTY, BONNIE A 5925 15TH WAY NORTH ST.PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/03/05-80019-004 150.00

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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><i>William J. McCafferty</i></u> PRESIDENT <u>1/31/05</u> <u>727/544-0620</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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