

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/31/2005-90012-004-\$158.75-\$158.75

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DOCUMENT # P00000087702 1. Entity Name COPE PEST CONTROL, INC.				 FILED 05 SEP 17 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business P.O. BOX 266 FT. WHITE FL 32038			Mailing Address P.O. BOX 266 FT. WHITE FL 32038 P.O. Box 789, Gainesville, FL 32602-0789		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3674405 Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent DANIEL M. RAYMOND 7 NW 36TH DR. GAINESVILLE FL 32607	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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 I am empowered.		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> M. Raymond Daniel			8-22-05 <small>Date</small> Daytime Phone #		

ATTACHMENT

50064197
#P00000087703

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Cope Pest Control, Inc.

P. O. Box 789, Gainesville, Florida 32602-0789

Tel: & Fax: (352) 371-8390

Tuesday, August 23, 2005

Florida Department of State
Glenda E. Hood, Secretary
DIVISION OF CORPORATIONS
Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: 2005 For Profit Corporation
Annual Report (AR)

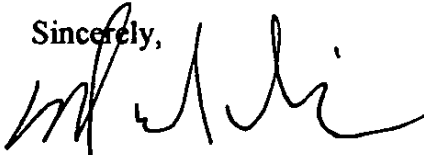
Attn: Gary

Dear Gary:

Per the telephone at 8:26 AM, July 22, 2005, I am enclosing our check #1051 and your form (I received today) regarding the above. Thank you.

Please remember to change the MAILING ADDRESS to Post Office Box 789, Gainesville, Florida 32602-0789.

Sincerely,



M. Raymond Daniel
Cope Pest Control, Inc.
Post Office Box 789
Gainesville, Florida 32602-0789