## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

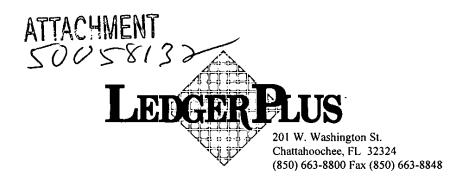
## **FILED** Jul 28, 2005 8:00 am Secretary of State 07-28-2005 90001 019 \*\*\*150.00

1. Entity Nam	MEN I # PI		<b>854</b>				07 <b>20 2</b> 00			
Principal Place of Business			Mailing Address					PA	٠	
377 RUDD RD. Quincy, FL 32351			P.O. BOX 349 GREENSBORO, FL 32330			1 SECTION 111 G	Gibt Main Scht Bolt as	5005		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07202005	Chg-P	CR2E034	(10/03)	
City & State			City & State			4. FEI Number 59-3681			<del></del>	plied For t Applicable
Zip	Country		Zìp	Country		5. Certificate o	f Status Desired		<b>8.75</b> Add e Required	
	6. Name and Ac	dress of Current F			7. Name and A	Address of New F	Registered Ag	ent		
RUDD, STEVEN 377 RUDD RD. QUINCY, FL 32351					Name Street Address (P.O. Box Number is Not Acceptable)					
	•				City	· · · · · ·		FL	Zip Code	•
	riamed entity submi		the purpose of changing it	s register	ed office or regi	stered agent, or both	, in the State of Fl	lorida. I am fa	niliar with,	and accept
SIGNATURE	Signature, typed or printed			TF. 0		ured when reinstaling)		DATE		
	LE NOW!!! FEE ue by Septemb	IS \$550.00	9. Election Camp Trust Fund Cor	aign Fina	ncing _ (	\$5.00 May Be Added to Fees				
10.		DIRECTORS		ADDITIONS/0	HANGES TO OF	FICERS AND E	DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUDD, STEVEN 377 RUDD RD QUINCY, FL 32							1	Charige	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete RUDD, JOSH 377 RUDD RD QUINCY, FL 32351								Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition

12. I hereby certify that the information supplied with this filling 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 proof is fue and eccurate 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 employee execute firs 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 any address with all the ricket proposered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



July 20, 2005

Florida Department of State Division of Corporations P O Box 6198 Tallahassee, FL 32314-6198

Re: Rudd's-Pest Control Inc. P01000000854

To Whom It May Concern:

Please find the annual report for Rudd's Pest Control, Inc. attached to this letter.

Mr. Rudd never received his annual renewal information for this year.

Please abate the penalty for late filing and accept his check for \$150.00 as full payment for the 2005 annual registration as he had no intention of not filing a report.

Thank you in advance for your consideration in the very important matter.

Sincerely,

Patricia D. Ryals

Accountant

Steven Rudd President