2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2005 08:00 AM Secretary of State

1. Entity Nam	MEN1 # P0100001492 PESTMENTS, INC.	·				J	
95 17TH STREET. SW		Mailing Address 95 17TH STREET, SW NAPLES, FL 34117			 #### ### ### #### ##	\\\	O KORO KOMBONI NI KABI
D	O NOT WRITE I	N THIS SPA	CE	02072005 4. FEI Numbe 59-3704		CR2E034 (1	
NAPLES, 1	6. Name and Address of Current Region NNETH E STREET, SW FL 34117	-		IN 7	NOT W	PACE	with and appear
	inamed entity substitute his statement for the ions of registered agent. Signature, typed or printed name of registered agent and this		ed Agent algnature require		ii, iii ule State di Fi	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5 Trust Fund Contribution.		.00 May Be led to Fees			-
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PST KEMP, KENNETH E 95 17TH STREET, SW NAPLES, FL 34117 VPD KEMP, KENNETH E 95 17TH STREET, SW NAPLES, FL 34117	CTORS		,	U00000 02/10/05	0222462 -80001-001	7 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WITH LEAST KOMP KINNIGHT ET KOMP

27-05

239-740-268