
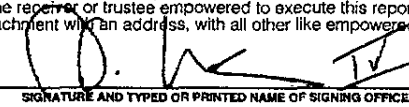


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000016462		
1. Entity Name SANTA FE PEST CONTROL INC.		
Principal Place of Business ROUTE 2 BOX 660-P LAKE BUTLER, FL 32054	Mailing Address ROUTE 2 BOX 660-P LAKE BUTLER, FL 32054	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADAMSON, JAMES D IV ROUTE 2 BOX 660-P LAKE BUTLER, FL 32054		DO NOT WRITE IN THIS SPACE
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ADAMSON, JAMES D IV	
STREET ADDRESS	ROUTE 2 BOX 660-P	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4/15/05 352-317-0768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James D. Adamson IV		Date Daytime Phone #



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3688360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000313625
74/18/05-00132-021 150.00

**DO NOT WRITE
IN THIS SPACE**