

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90230 041 \*\*\*150.00

DOCUMENT # P01000068576

1. Entity Name

STATEWIDE PEST CONTROL, INC.



Principal Place of Business

2515 OAK GARDENS LN  
HOLLYWOOD FL 33020

Mailing Address

2515 OAK GARDENS LN  
HOLLYWOOD FL 33020



2. Principal Place of Business

11970 N.W. 12TH. ST.

Suite, Apt. #, etc.

DEMBROKE PINES, FL

City & State

3. Mailing Address

11970 N.W. 12TH ST.

Suite, Apt. #, etc.

DEMBROKE PINES, FL

City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1123544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

33026

Country

FLORIDA

Zip

33026

Country

FLORIDA

6. Name and Address of Current Registered Agent

EZZELDIN, ADEL  
2515 OAK GARDENS LANE  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11970 N.W. 12TH. ST.

City

DEMBROKE PINES FL

Zip Code

33026

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME EZZELDIN, ADEL  
STREET ADDRESS 2515 OAK GARDENS LANE  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

ADEL EZZELDIN

04-23-2005-954 829-5407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #