


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000106138**  
 1. Entity Name  
 PEST MANAGEMENT SERVICES OF PLANT CITY, INC.



Principal Place of Business      Mailing Address  
 3615 SMITH RYALS RD.      3615 SMITH RYALS RD.  
 PLANT CITY, FL 33567      PLANT CITY, FL 33567

**DO NOT WRITE IN THIS SPACE**



02142005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3754700      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, RONALD L  
 3615 SMITH RYALS RD.  
 PLANT CITY, FL 33567

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000248726  
 03/02/05-80040-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, RONALD L
STREET ADDRESS	3615 SMITH RYALS RD.
CITY - ST - ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	PRICE, JUDITH N
STREET ADDRESS	3615 SMITH RYALS RD.
CITY - ST - ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       Date: 2-22-05      Daytime Phone # \_\_\_\_\_