

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000017855

1. Entity Name
MONROE INSPECTION & EXTERMINATING INC.



Principal Place of Business Mailing Address

580 NE 131ST STREET **580 NE 131ST STREET**
N MIAMI, FL 33161 **N MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE



08312006 No Chg-P CR2E034 (11/05)

4. FEI Number
45-0480696 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MONROE, DAVE
580 NE 131ST STREET
N MIAMI, FL 33161

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROE, DAVE 580 NE 131ST STREET N MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONROE, CHEDY 580 NE 131ST STREET N MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000576043
 09/05/06-80006-019 550.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Chedy Monroe* **08-31-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #