


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000022326 1. Entity Name RADAR EXTERMINATING, INC. |  |
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|---|---|
| Principal Place of Business 4386 BROADWAY ST. LAKE WORTH FL 33461 | Mailing Address 4386 BROADWAY ST. LAKE WORTH FL 33461 |
|---|---|



1st MOORE CR2E034 (10/04)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number 75-3014813 | Applied For Not Applicable |
|---------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent |
| PEDERSEN, RICHARD D 4386 BROADWAY ST. LAKE WORTH FL 33461 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

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
Make Check Payable to Florida Department of State

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | PTD <input type="checkbox"/> Delete |
| NAME | PEDERSEN, RICHARD D |
| STREET ADDRESS | 4386 BROADWAY ST. |
| CITY- ST- ZIP | LAKE WORTH FL 33461 |
| TITLE | VSD <input type="checkbox"/> Delete |
| NAME | PEDERSEN, VIVIAN J |
| STREET ADDRESS | 4386 BROADWAY ST. |
| CITY- ST- ZIP | LAKE WORTH FL 33461 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U00000335511 |
| STREET ADDRESS | 04/27/05-80086-015 150.00 |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

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|---|---|
| SIGNATURE:  | Date: 4/25/05 Daytime Phone #: 561-968-8130 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |