

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048785

1. Entity Name  
C & M FUMIGATIONS, INC.



**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90053 032 \*\*\*150.00

Principal Place of Business  
13835 48TH COURT N  
ROYAL PALM BEACH, FL 33411

Mailing Address  
13835 48TH COURT N  
ROYAL PALM BEACH, FL 33411



03202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3053463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUNN, KENNETH J  
11575 HERON BAY BLVD  
SUITE 309  
CORAL SPRINGS, FL 33076

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ANDERSON, CRIS D
STREET ADDRESS	1835 48 CT N
CITY-ST-ZIP	WEST PALM BEACH, FL 33411

TITLE	VTS
NAME	ANDERSON, MARYANN
STREET ADDRESS	13835 48 CT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

Daytime Phone # \_\_\_\_\_