

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069272

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: PENINSULA PEST MANAGEMENT INC.

## Current Principal Place of Business:

2382 NW 122ND DR.  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

10826 NW 10TH PLACE  
CORAL SPRINGS, FL 33071 US

## Current Mailing Address:

2382 NW 122ND DR.  
CORAL SPRINGS, FL 33065

## New Mailing Address:

CO ACCOUNTANT 3640-4 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064

FEI Number: 75-3069434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENZANO, HARRY J JR  
3640 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GALLIANI, FEDERICO  
Address: 2382 NW 122 DR.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: GALLIANI, AMY J  
Address: 2382 NW 122 DR.  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GALLIANI, FEDERICO  
Address: 10826 NW 10TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP (X) Change ( ) Addition  
Name: GALLIANI, AMY J  
Address: 10826 NW 10TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEDERICO GALLIANI

P

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date