## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 08, 2006 08:00 AM

DOCUMENT # P02000075827  t. Entity Name PEST MANAGEMENT PLUS, INC						Secretary of State			
Principal Place of Business  3661 SW 2ND STREET FORT LAUDERDALE, FL 33312  Mailing Address  3661 SW 2ND STREET FORT LAUDERDALE, FL 33312  FORT LAUDERDALE, FL 33312						)			
C	O NOT W	RITE I	N THIS SP	ACE		03022006	Na Chy-P	CR2E034 (	IS HERE LEADING IT LEAD
						56-228	31189 of Status Desired	□ \$8.	Not Applicabl 75 Additional
ļ	6. Name and Address	of Gurrent Regi	stered Agent			J. Cermicale	O States Desired	Fee	Required
GREY, FRITZ 3661 SW 2ND STREET FORT LAUDERDALE, FL 33312							NOT W	. •	
the obligat	named entity submits this tions of registered agent  Signature, typed or printed name of	regetered agent and title	purpose of changing its region is supplicable (MOTE, Region of Election Campaign F	istered Agent signatur	s required s		wh, in the State of Flo	onda. I am (amili	ar with, and accep
After M	ay 1, 2006 Fee will	be \$550.00 	Trust Fund Contribut			d to Fees			
TO.  INCL NAME STREET ADDRESS CITY-SI-ZW	D GREY, FRITZ 3661 SW 2ND STREE FORT LAUDERDALE		CIOHS		٠,			orinejsio H	
NAME STREET ADDRESS ONY-ST-ZIP TRUE				: : ·			90\05\£0 90\0000	460211 80001-005	150.00
NAME STREET AODRESS CITY-ST-ZIP TITLE SHAME				-			NOT W	, .	
STREET ADDRESS CHY-SI-ZIP HILLE MAME STREET ADDRESS ENTY-SI-ZIP				_		.:,.			

12. Thereby certify that the information supplied with this filling 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 it made under eath, that I am an efficer 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 ON PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

TOTLE

STREET ADDRESS CITY-ST-ZIP

3/3/06 Fritz Creu- Bis - asu -895-6898