

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90542 043 \*\*\*150.00

**DOCUMENT # P02000132815**

1. Entity Name  
**DEAD ON PEST ELIMINATION, INC.**



Principal Place of Business  
**6227 SOMERSET WEST  
LAKELAND, FL 33813**

Mailing Address  
**6227 SOMERSET WEST  
LAKELAND, FL 33813**

**14014658**



04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**5335 Stone Oaks Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**5335 Stone Oaks Dr**  
Suite, Apt. #, etc.

City & State  
**Lakeland FL**

City & State  
**Lakeland FL**

4. FEI Number  
**02-0656880**

Applied For  
☐ Not Applicable

Zip  
**33811**

Country  
**Polk**

Zip  
**33811**

Country  
**Polk**

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

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

**7. Name and Address of New Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**WESCOMB, STEVEN**  
**6227 SOMERSET WEST**  
**LAKELAND, FL 33813**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S**  
**NICHOLAS-WESCOMB, MOLLY**  
**6227 SOMERSET WEST**  
**LAKELAND, FL 33813**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**5335 Stone Oaks Dr**  
**Lakeland FL 33811**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:** *Steven Wescomb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/05*

Date

Daytime Phone #