

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000023690

FILED  
May 27, 2005  
Secretary of State

Entity Name: JASON ROSE PEST CONTROL, INC.

## Current Principal Place of Business:

712 ELM ST.  
ENGLEWOOD, FL 34223

## New Principal Place of Business:

11947 GRETCHEN AVENUE  
PORT CHARLOTTE, FL 33981

## Current Mailing Address:

712 ELM ST.  
ENGLEWOOD, FL 34223

## New Mailing Address:

PO BOX 147  
ENGLEWOOD, FL 34295

FEI Number: 16-1656466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSE, JASON  
11947 GRETCHEN AVE.  
PORT CHARLOTTE, FL 33981 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: JASON ROSE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROSE, JASON  
Address: 11947 GRETCHEN AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: TD ( ) Delete  
Name: ROSE, SUSAN  
Address: 11947 GRETCHEN AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VD ( ) Delete  
Name: ROSE, CHARLES B  
Address: 712 ELM ST.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD ( ) Delete  
Name: ROSE, BARBARA K  
Address: 712 ELM ST.  
City-St-Zip: ENGLEWOOD, FL 34223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JASON ROSE

P

05/27/2005

Electronic Signature of Signing Officer or Director

Date