

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000085810

1. Entity Name  
MARSHALLS PEST MANAGEMENT INC.



06-20-2005 90002 031 \*\*\*150.00  
P03000085810

FILED  
05 JUN 27 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JUN 27 2005

Principal Place of Business  
5921 GROVELINE DR  
ORLANDO, FL 32810

Mailing Address

5921 GROVELINE DR  
ORLANDO, FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number  
45-0520084

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTOUR, STAN  
5921 GROVELINE DR  
ORLANDO, FL 32810

Name  
LouAnn Valentour

Street Address (P.O. Box Number is Not Acceptable)

5921 Groveline Dr

City  
Orlando

FL Zip Code  
32810

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 LouAnn Valentour (President) LouAnn Valentour

6-17-05

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME VALENTOUR, STAN  
STREET ADDRESS 5921 GROVELINE DR  
CITY-ST-ZIP ORLANDO, FL 32810

Delete

TITLE D/P  
NAME Valentour, LouAnn  
STREET ADDRESS 5921 Groveline Dr.  
CITY-ST-ZIP Orlando, FL 32810

Change  Addition

TITLE V  
NAME VALENTOUR, LOUANN  
STREET ADDRESS 5921 GROVELINE DR  
CITY-ST-ZIP ORLANDO, FL 32810

Delete

TITLE V  
NAME Valentour, Stan  
STREET ADDRESS 5921 Groveline, DR  
CITY-ST-ZIP ORLANDO, FL 32810

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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: LouAnn Valentour, LouAnn Valentour

6/17/05 (407)290-1614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #