

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2005 90002 031 ***150.00
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FILED
05 JUN 27 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 27 2005



06132005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000085810					
1. Entity Name MARSHALLS PEST MANAGEMENT INC.					
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	Country	Zip	Country	4. FEI Number 45-0520084	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTOUR, STAN 5921 GROVELINE DR ORLANDO, FL 32810				7. Name and Address of New Registered Agent 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 <u>LouAnn Valentour (President)</u> <i>LouAnn Valentour</i> DATE <u>6-17-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTOUR, STAN		NAME	Valentour, LouAnn	
STREET ADDRESS	5921 GROVELINE DR		STREET ADDRESS	5921 Groveline Dr.	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Orlando, FL 32810	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTOUR, LOUANN		NAME	Valentour, Stan	
STREET ADDRESS	5921 GROVELINE DR		STREET ADDRESS	5921 Groveline, DR	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>LouAnn Valentour</u> <i>LouAnn Valentour</i> <u>6/17/05</u> (407)290-1614 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					