## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P0400012340  1. Entity Name GARY DEPALMA NUISANCE WILDLIFE SPECIALIST, INC.					03-14-2005 90074 023 ***150.00			
Display Display of Business Mailing Address					みれかりなから			
Principal Place of Business 1606 SHEFFIELD RD.		Mailing Address 1606 SHEFFIELD RD.						
LEESBURG, FL 34748		LEESBURG, FL 34748				MUNITURE PROVINCE NEVER AND A MUNICIPAL PROVINCE	MUIN MUM HUMA HIM BILLI OCT	18 <i>0</i> 9   1 (70)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numbe	1634817	↓ <del> </del>	plied For t Applicable
Zip	Country	Zip	Zip Countr			of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New Re	gistered Agent	
				Name				
DELPALMA, GARY 1606 SHEFFIELD RD. LEESPURG EL 24748			Street Address (P.O. Box Number is Not Acceptable)					
LEESBURG, FL 34748								
				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.								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	3 IN 11
TITLE	Р	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	DEPALMA, GARY		NAM	-				
STREET ADDRESS CITY+ST-ZIP	1606 SHEFFIELD RD. LEESBURG, FL 34748			ET ADDRESS - ST-ZIP				
TITLE	V	Delete	TITLE		<del>, ,</del>	<del></del>	Change	☐ Addition
NAME	DEPALMA, DEBRA	C) Delete	NAM				Onlings	/iddition
STREET ADDRESS	1606 SHEFFIELD RD.		STRE	ET ADDRESS				
CITY-SI-ZIP	LEESBURG, FL 34748	<u></u>	CITY	-ST-ZIP				
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CITY-ST-ZIP				-ST-ZIP				
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CITY-ST-ZIP.	1		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: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352.326-5830

Daytim

Date