

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000012340	
1. Entity Name GARY DEPALMA NUISANCE WILDLIFE SPECIALIST, INC.	

Principal Place of Business 1606 SHEFFIELD RD. LEESBURG, FL 34748	Mailing Address 1606 SHEFFIELD RD. LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CRZE034 (11/05)

4. FEI Number 84-1634817	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEPALMA, GARY 1606 SHEFFIELD RD. LEESBURG, FL 34748

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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.

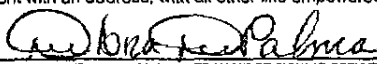
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEPALMA, GARY 1606 SHEFFIELD RD. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEPALMA, DEBRA 1606 SHEFFIELD RD. LEESBURG, FL 34748
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	3-3-06 352-326-5830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #