2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P04000036399

FILED May 03, 2005 8:00 am Secretary of State

1. Entity Name						05.02.2005.00	_		
ALLSTATE PEST CONTROL, INC.						05-03-2005 90	1101 001 ***	~~150.00	,
		· · · · · · · · · · - ·		1					
်ွောငipal Place of Business			Mailing Address						
07 BALD EAGLE ST.			PO BOX 340676						
4PA FL 33625			TAMPA FL 33694-0676						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
Suite, Apt. #, etc.			Suite, Apr. #, etc.		1st MOORE	CR2E034	(10/04)		
City & State			City & State			4. FEI Number Applied F			
Zip		Country A I	Zip	Country :		20-0776008		8.75 Add	ot Applicable
Zip Country Hill's bowugh		_,-	1411/s bol	wagh	5. Certificate of Status Desired		ee Require		
6. Name and Address of Current Reg			legistered Agent	- · · · · · · · · · · · · · · · · · · ·		7. Name and Address of New Registered Agent			
LII ik	APHDIES	IAMES D		Name	•				
HUMPHRIES, JAMES R 15107 BALD EAGLE ST.					Address (P.O. Box Number is Not Acceptab	ie)		
TAN	ИРА FL 3	3625				a			
·				City			FL	Zip Cod	le
8. The above	named entity	rsubmits this statement for	the purpose of changing its	registered office	or register	ed agent, or both, in the State of F		miliar with.	and accept
the obligat	tions of regist	ered agent.						·	•
SIGNATURE .	Santing Sand	or printed name of registered agent ar	Alox	T. D			DATE		
	Signature, typed	or printed name of registered agent ar	nd title it applicable (NOI	E Registered Agent sig	nature required	when reinstating)	DATE		
	—								
		! FEE IS \$150.00	·			9. Election Cam			00 мау Ве
After	May 1, 200	FEE IS \$150.00 Fee Will Be \$550.00 Florida Department of	State			9. Election Cam Trust Fund Co			00 May Be ed to Fees
After	May 1, 200	5 Fee Will Be \$550.00		11.			entribution. [Adde	ed to Fees
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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:

TEMPORE SUMPLIES SAMES R HUMPHALES

813-926-4360