

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 02, 2005 8:00 am
Secretary of State

05-06-2005 90107 022 ***150.00

DOCUMENT # P04000141374 1. Entity Name EXTREME PEST CONTROL INC.					
Principal Place of Business 4828 WITCH LANE LAKE WORTH, FL 33461 US			Mailing Address 4828 WITCH LANE LAKE WORTH, FL 33461 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66020803 	
4. FEI Number 20-1737421				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DENNIS P. FLYNN, CPA, PA 3898 VIA POINCIANA 13 LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P TAYLOR, DAVID R 4828 WITCH LANE LAKE WORTH, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T TAYLOR, SANDRA M 4828 WITCH LANE LAKE WORTH, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ 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: <u>Sandra Taylor</u> / SECRETARY & TREASURER 5-1-05 (561) 965-0881 SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR Date Telephone					