

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000168080

Entity Name
D.G.M. PEST CONTROL, INC.



Principal Place of Business
1801 SOUTHWEST 96TH TERRACE
MIRAMAR, FL 33025

Mailing Address
1801 SOUTHWEST 96TH TERRACE
MIRAMAR, FL 33025



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4291089** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOWARD J. MILCHMAN, P.A.
2800 WEST SAMPLE ROAD, SUITE 507
CORAL SPRINGS, FL 33065

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000398128
01/30/06-80082-018 150.00

OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP LOPEZ, MARIA 1801 SOUTHWEST 96TH TERRACE MIRAMAR, FL 33025 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP LOPEZ, DAVID E 1801 SW 96 TERRACE MIRAMAR, FL 33025 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 (954) 438-719
 Date Daytime Phone #