


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P92000004769 |  |
| 1. Entity Name PARADISE PEST CONTROL, INC. | |

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| Principal Place of Business 1106 MAGNOLIA BLUFF PALM CITY FL 34990 US | Mailing Address PO BOX 366 PALM CITY FL 34990 US |
|---|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/04)

| | |
|---|--|
| 4. FEI Number 65-0359250 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent LINARES, ROSE A 1106 MAGNOLIA BLUFF DR. PALM CITY FL 34990 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 | VP LINARES, ROSE 1106 MAGNOLIA BLUFF DR. PALM CITY FL 34990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000310989 04/18/05-80026-012 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LINARES, MANUEL 1106 MAGNOLIA BLUFF DR. PALM CITY FL 34990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Rose A. Linares Vice-President 3-22-05 772-463-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #