


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90276 037 \*\*\*150.00

<b>DOCUMENT # P93000062416</b> 1. Entity Name <b>KAREN'S PEST CONTROL, INC.</b>					
Principal Place of Business <del>8704 ARROW HEAD DR</del> <b>BAYONET POINT FL 34667</b>				Mailing Address <del>8704 ARROW HEAD DR</del> <b>BAYONET POINT FL 34667</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3188267</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DESIDERIO, KAREN</b> <del>8704 ARROW HEAD DR</del> <b>BAYONET POINT FL 34667</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DESIDERIO, KAREN</b> <del>8704 ARROW HEAD DR</del> <b>BAYONET POINT FL 34667</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8739 FLORADORA DRIVE</b> <b>NEW PORT RICHEY, FL. 34654</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <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.					
<b>SIGNATURE:</b> <u>Karen Desiderio</u> <b>Karen Desiderio</b> <u>4/11/05</u> <u>727 856-1564</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/04)