

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005452

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: AMERICAN PEST CONTROL MANAGEMENT, INC.

## Current Principal Place of Business:

17506 BRIGHTON AVENUE  
SUITE A  
PORT CHARLOTTE, FL 33953 US

## Current Mailing Address:

P.O. BOX 380731  
MURDOCK, FL 33938 US

## New Principal Place of Business:

17506 BRIGHTON AVENUE  
SUITE A  
PORT CHARLOTTE, FL 33954 US

## New Mailing Address:

17506 BRIGHTON AVENUE  
A  
PORT CHARLOTTE, FL 33954 US

FEI Number: 65-0462239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAHAM, SUZANNE T  
17506 BRIGHTON AVENUE  
STE A  
PORT CHARLOTTE, FL 33953 US

## Name and Address of New Registered Agent:

GRAHAM, SUZANNE T  
17506 BRIGHTON AVENUE  
STE A  
PORT CHARLOTTE, FL 33954 US

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.

SIGNATURE: SUZANNE T GRAHAM

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRAHAM, SUZANNE T  
Address: 27089 SOLOMON DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: D ( ) Delete  
Name: GRAHAM, JAMES R  
Address: 27089 SOLOMON DR.  
City-St-Zip: PORT CHARLOTTE, FL 33983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE T GRAHAM

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date