2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000057325

1. Entity Name
O-RANGE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
9951 SW 20TH ST MIAMI, FL 33165	9951 SW 20TH ST MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0513182	Not Applicable

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

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6. Name and Address of Current Registered Agent

LOPEZ, VIDAL L
9951 SW 20TH ST
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

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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

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, 2005 Fee will be $550.00

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

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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, VIDAL L
STREET ADDRESS	9951 SW 20TH ST
CITY-ST-ZIP	MIAMI, FL 33165

TITLE	
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CITY-ST-ZIP	

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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: _VIDAL LOPEZ_   4-28-05   3052204365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #