


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90054 009 ***150.00

DOCUMENT # P94000090024 1. Entity Name CERTIFIED PEST SERVICES, INC.					
Principal Place of Business 4714 BRIARPATCH LANE SAINT CLOUD, FL 34771 US			Mailing Address P.O. BOX 700365 SAINT CLOUD, FL 34770-0365 US		
2. Principal Place of Business 2318 BRONCO DR.		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SAINT CLOUD, FL.		City & State 		4. FEI Number 59-3283011	
Zip 34771		Country OSCEOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNAIL, CHARLES J 4714 BRIARPATCH LANE SAINT CLOUD, FL 34771			7. Name and Address of New Registered Agent Name CHARLES J. SMAIL Street Address (P.O. Box Number is Not Acceptable) 2318 BRONCO DRIVE City SAINT CLOUD FL Zip Code 34771		
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 <u><i>Charles J. Smail</i></u> 3-31-05 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SMAIL, CHARLES J 4714 BRIARPATCH LANE SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMAIL, G 4714 BRIARPATCH LANE SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u><i>Charles J. Smail</i></u>		3/31/05		407-932-2240	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	