


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000046871</b> 1. Entity Name ABC PEST CONTROL OF PASCO, INC.	
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Principal Place of Business 8230 MASSACHUSETTS AVE. NEW PORT RICHEY, FL 34653	Mailing Address 8230 MASSACHUSETTS AVE. NEW PORT RICHEY, FL 34653
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01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3342119	Applied For Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GOVAN, MARK 8828 LAUREL DR PINELLAS PARK, FL 33782	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOVAN, MARK 8828 LAUREL DR PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOVAN, KATHLEEN M 8828 LAUREL DR PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOVAN, JOHN F 220 BELLEVIEW BLVD. #609 BELLEAIR, FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOVAN, ROBERTA J 220 BELLEVIEW BLVD. #609 BELLEAIR, FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80029-007 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Mark T. Govan MARK T. GOVAN 1-6-05 707-81-8787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #