


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000059558  
 1. Entity Name  
 PROQUEST PEST CONTROL INC.



Principal Place of Business      Mailing Address  
 670 NTH COURTENAY PKWY      670 NTH COURTENAY PKWY  
 STE 19E                              STE 19E  
 MERRITT ISLAND, FL 32953      MERRITT ISLAND, FL 32953      US



01102005      No Chg-P      CR2E034 (10/03)

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4. FEI Number      Applied For  
 59-3387530      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, FREDERICK R  
 8157 WINDOVER WAY  
 TITUSVILLE, FL 32780

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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 re-instating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, FREDERICK R 8157 WINDOVER WAY TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, FREDERICK 8157 WINDOVER WAY TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOLOMON, JOHN 493 RIO CASA DRIVE N. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORRIS, JACK 3675 VALKARIA RD MALABAR, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAMSEY, CAROLYN 1441 CREST DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000191866  
 01/24/05-80189-020 150.00

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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)(f), 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 authority to change.

SIGNATURE: HAMILTON, Fred      Date: 01/2/05      Daytime Phone #: 321 453 6002