2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000042565 1. Entity Name EMERGENCY PEST PATROL, INC.					Secretary of State
Principal Place 14805 N FLO STE A TAMPA, FL		Mailing Address PO BOX 82577 TAMPA, FL 33682			
DO NOT WRITE IN THIS SPACE				01172005 No Cho 4. FEI Number 59-3446214 5. Certificate of Status De	g-P CR2E034 (10/03) Applied For Not Applicable \$9.75 Applicable
		Registered Agent		DO NOT	
8. The above named entity submits this statement for the purpose of changing is 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 prategolarity and or pratego					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution	+	.00 May Be ed to Fees	
10. LITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUDOLPH, CURTIS L 14907 NORTHWOOD VILLAGE L TAMPA, FL 33613			03/2! 	00000277113 5/05-80017-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-21P					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u> =		WRITE
TITLE NAME STREET ADDRESS CITY-ST ZIP				IN THIS	SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or truthee 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 attactment with an address, with all other like empowered.					
SIGNATURE: CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAILS D					