

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063962

Entity Name: PEST SOLUTIONS, INC.

FILED  
Mar 07, 2005  
Secretary of State

**Current Principal Place of Business:**

8014 SE LEXINGTON N  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1664  
HOBE SOUND, FL 33475

**New Mailing Address:**

FEI Number: 65-0774112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERS, JOHN F  
7399 SE FIDDLEWOOD LANE  
HOBE SOUND, FL 33455      US

**Name and Address of New Registered Agent:**

SABATASO, CYNTHIA M  
6381 SE PHILLIP BEND AVE  
STUART, FL 34997      US

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.

SIGNATURE: CYNTHIA M. SABATASO      03/07/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PETERS, JOHN W  
Address: 8014 SE LEXINGTON AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: V      ( ) Delete  
Name: CAROTHERS, SHARI L  
Address: 8014 SE LEXINGTON AVE  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI L. CAROTHERS      V      03/07/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date