2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 27, 2005 08:00 AM Secretary of State

1. Entity Name LIFE CYCLE PEST CONTROL, INC.					
Principal Place 1165 MANOF WESTON, FL	R COURT	lailing Address 1165 MANOR COURT WESTON, FL 33326 US			
D	O NOT WRITE II		CE	01072005 No Chg-P CR2E034 (10/03) 4. FEI Number	ıle
6. Name and Address of Current Registered Agent ROTH, IRA 1165 MANOR COURT WESTON, FL 33326				DO NOT WRITE IN THIS SPACE	
	tions of registered agent.		ed office or registe	stered agent, or both, in the State of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with, and acceptions of the state of Florida. I am familiar with a state of Florida.	ot .
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	ncing \$5	\$5.00 May Be ddded to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRA ROTH 1165 MANOR COURT WESTON, FL 33326	CTORS		Unnnoo198939 01/27/05-80074-802 150.00	;
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS City - St - Zip					
12. I hereby indicated of the co-	certify that the information supplied with this d on this report or supplemental report is true reporation or the receiver or trustee empower t, or on an attachment with an address, with	filing does not qualify for the ex a and accurate and that my sign ed to execute this report as requ all other like empowered.	emption stated in S ature shall have the uired by Chapter 60	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or directe 607, Florida Statutes; and that my name appears in Block 10 or Block 11	if