07/05/2005 10:46 2399454519

FILED
Jul 08, 2005 8:00 am
Secretary of State
07-08-2005 90023 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000078843

1. Entity Name
MAXIMUM PEST CONTROL INC.

50055274

Principal Place of Business	Mailing Address
1022 S. W. 11TH AVENUE CAPE CORAL, FL 33991	1022 S. W. 11TH AVENUE CAPE CORAL, FL 33991

07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0780262
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKOVITS, DAVID
1022 S. W. 11TH AVENUE
CAPE CORAL, FL 33991

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARKOVITS, DAVID
STREET ADDRESS	1022 S. W. 11TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: D Markovits 7/1/05 1-239-772-7363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL 32314-6198

ATTACHMENT
#P97000078843
500552 74

JUNE 25, 2005

WE HAVE JUST REC. THE IMPORTANT NOTICE INFORMING US THAT YOU HAD NOT REC. OUR CORPORATION FORM. WE HAVE NOT REC. THE FORM THAT IS USUALLY SENT OUT IN THE SPRING, JUST THE REMINDER SAYING YOU DIDN'T REC. IT, SINCE THE HURRICANES OUR MAIL HAS'NT BEEN THE SAME.
PLEASE WAIVE ANY FEE THAT IS CHARGED FOR LATENESS, WE STILL HAVE NOT REC. THE ORIGINAL FORM.
HERE IS THE FORM ANF CHECK FOR $150.00. WE APOLOGIZE FOR THE DELAY.

THANK YOU FOR YOUR CONSIDERATION.

DAVID MARKOVITS
MAXIMUM PEST CONTROL, INC
PRESIDENT