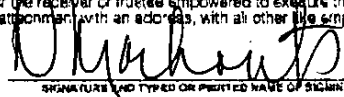


FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90023 026 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000078843 1. Entity Name MAXIMUM PEST CONTROL INC.		
Principal Place of Business 1022 S. W. 11TH AVENUE CAPE CORAL, FL 33991	Mailing Address 1022 S. W. 11TH AVENUE CAPE CORAL, FL 33991	
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		2. 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 MARKOVITS, DAVID 1022 S. W. 11TH AVENUE CAPE CORAL, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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		
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 637, 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 life empowered.		
SIGNATURE: 		Date 7/1/05 1-239- 772-7363

50055274



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0780262	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL 32314-6198

ATTACHMENT

#P97600078843
50055274

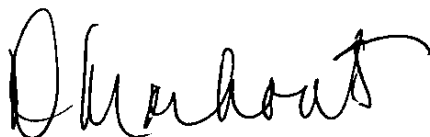
JUNE 25, 2005

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