2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000100659

1. Entity Name
PERF-A-LAWN PEST CONTROL, INC.

Principal Place of Business	Mailing Address
6186 126TH AVENUE NORTH LARGO, FL 33773	6186 126TH AVENUE NORTH LARGO, FL 33773

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3482375	Not Applicable

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

6. Name and Address of Current Registered Agent

NAPOLITANO, PETER A
7617 LITTLE ROAD
NEW PORT RICHEY, FL 34654

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	WELTER, ROSE MARIE E
STREET ADDRESS	11209 BRAMBLELEAF WAY
CITY-ST-ZIP	HUDSON, FL 34667

U000000188828
01/24/05-80069-013 150.00

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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.

727-863-1958

SIGNATURE: _Rose Marie E. Welter_ ROSE MARIE E. WELTER Jan 18-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #