

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

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

**DOCUMENT # P98000001862**

1. Entity Name

**MAXIMUM PEST SERVICES, INC.**



Principal Place of Business

**4911 NE9 AVE  
OAKLAND PARK FL 33334**

Mailing Address

**PO BOX 23578  
FT LAUDERDALE FL 33307**

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

**65-0602547**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROW, LISA  
4321 NE 17 AVE  
OAKLAND PK FL 33334**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME PD  
CROW, CHRISTOPHER  
STREET ADDRESS 4321 NE 17 AVE  
CITY-STATE-ZIP OAKLAND PK FL 33334 ☐ Delete

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
000000199840  
01/28/05-80001-015 158.75

FILE NAME STD  
CROW, LISA  
STREET ADDRESS 4321 NE 17 AVE  
CITY-STATE-ZIP OAKLAND PK FL 33334 ☐ Delete

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone