

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027356

FILED
Jan 05, 2005
Secretary of State

Entity Name: BOBBY GRISSON'S PEST MANAGEMENT, INC.

Current Principal Place of Business:

722 GELASO ST. S.W.
PALM BAY, FL 32908

New Principal Place of Business:

280 RIDGEMONT CIRCLE S.E.
PALM BAY, FL 32909

Current Mailing Address:

722 GELASO ST. S.W.
PALM BAY, FL 32908

New Mailing Address:

280 RIDGEMONT CIRCLE S.E.
PALM BAY, FL 32909

FEI Number: 59-3499139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISSON, ROBERT F
722 GELASO ST. S.W.
PALM BAY, FL 32908 US

Name and Address of New Registered Agent:

GRISSON, ROBERT F
280 RIDGEMONT CIRCLE S.E.
PALM BAY, FL 32909 US

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.

SIGNATURE: ROBERT F. GRISSON

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRISSON, ROBERT F
Address: 722 GELASO ST. S.W.
City-St-Zip: PALM BAY, FL 32908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRISSON, ROBERT F
Address: 280 RIDGEMONT CIRCLE S.E.
City-St-Zip: PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F. GRISSON

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date