


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90041 016 \*\*\*150.00

DOCUMENT # P99000088659  
1. Entity Name  
U.S. PEST CONTROL, INC.



Principal Place of Business: 1500 NW 3RD ST, #106 DEERFIELD BEACH FL 33442  
Mailing Address: 1500 NW 3RD ST, #106 DEERFIELD BEACH FL 33442



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

2nd MOORE CR2E034 (5/05)  
4. FEI Number: 65-0952946 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CALANDRINO, RICHARD  
6975 GRAPEVIEW BLVD  
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent  
Name: Richard Calandrino  
Street Address (P.O. Box Number is Not Acceptable): 330 NE 54 Street  
City: Boca Raton FL Zip Code: 33431

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: Richard Calandrino DATE: 8/10

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE: V <input type="checkbox"/> Delete	NAME: CALANDRINO, RICHARD STREET ADDRESS: 6975 GRAPVIEW BLVD CITY-ST-ZIP: LOXAHATCHEE FL 33470
TITLE: P <input type="checkbox"/> Delete	NAME: CALANDRINO, DEBRA STREET ADDRESS: 6975 GRAPVIEW BLVD CITY-ST-ZIP: LOXAHATCHEE FL 33470
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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:  DATE: 8/10 Daytime Phone #