

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092804

FILED
Jun 30, 2005
Secretary of State

Entity Name: REST ASSURED LAWN & PEST CONTROL, INC.

Current Principal Place of Business:

12514 EDGEKNOLL DR
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

PO BOX 3275
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 59-3602350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRITT, JOHN B
12514 EDGEKNOLL DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PERRITT, JOHN B
Address: 12514 EDGEKNOLL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: DV () Delete
Name: PIXTON, JAMES R
Address: 130 ARKWRIGHT DR
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN B. PERRITT

DP

06/30/2005

Electronic Signature of Signing Officer or Director

Date