

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # S00224 1. Entity Name PROFESSIONAL MAINTENANCE PEST CONTROL, INC.					
Principal Place of Business 4303 39TH STREET EAST BRADENTON FL 34208				Mailing Address 4303 39TH STREET EAST BRADENTON FL 34208	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 65-0231754	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied F Not Appli	
6. Name and Address of Current Registered Agent DAHLMAN, DELOY P., SR. 124 31ST STREET W. BRADENTON FL 34205				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 \$5.00 Trust Fund Contribution ☐ Added to F	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST DAHLMAN, DELOY P., SR. 124 32ST STREET WEST BRADENTON FL 34205	☐ Delete			
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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 it is 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 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 1 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>DeLOY P. Dahlman Sr</i> 0425-05 941- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Pk					