

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S11817

FILED  
May 05, 2005  
Secretary of State

Entity Name: GULF COAST PEST CONTROL, INC.

**Current Principal Place of Business:**

403 WEST 11TH ST.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

403 WEST 11TH ST.  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 59-3040327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRICKLAND, JIMMY DAN  
804 WYOMING AVE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

STRICKLAND, JIMMY DAN  
700 W. 8TH STREET CIRCLE  
LYNN HAVEN, FL 32444 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:

Electronic Signature of Registered Agent

05/05/2005

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: D ( ) Delete  
Name: STRICKLAND, JIMMY DAN  
Address: 700 W 8TH ST CIRCLE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JIMMY STRICKLAND

D

05/05/2005

Electronic Signature of Signing Officer or Director

Date