



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S89521</b> 1. Entity Name FLORIDA WHOLESALE FUMIGATORS, INC.			
Principal Place of Business 19111 VISTA BAY DR UNIT 409 INDIAN SHORES, FL 33785 US		Mailing Address 19111 VISTA BAY DR UNIT 409 INDIAN SHORES, FL 33785 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3127934	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MASTERS, SUSAN ALMA 19111 VISTA BAY DR. UNIT 409 INDIAN SHORES, FL 33785		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		01/28/05-80015-020 158.75	
TITLE	PVST	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	MASTERS, MARION NEAL		
STREET ADDRESS	19111 VISTA BAY DR #409		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		
TITLE	DC		
NAME	MASTERS, MARION NEAL		
STREET ADDRESS	19111 VISTA BAY DR #409		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: <i>Marion Neal Masters</i> PVST Jan 18, 2005 121-596-0511			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARION NEAL MASTERS			