2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07777

1702 LAKESIDE AVE

ST AUGUSTINE, FL 32084 SJ

Address:

City-St-Zip:

CURTIC PECT CONTROL INC

FILED Apr 30, 2005 Secretary of State

| Entity Nan | ne: CURTIST | PEST CONTROL, IN | IC. | | | | | |
|--|---|---|----------------------|--|---|---------------------|------------------|-----------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| UNIT 501 | BEAM ROAD VILLE, FL 322 | 257 US | | 1702 LAKE UNIT 6 ST AUGUS | | 32084 | US | |
| Current M | ailing Addres | New Mailing Address: | | | | | | |
| UNIT 501 | BEAM ROAD VILLE, FL 322 | 257 US | | 1702 LAKE UNIT 6 ST AUGUS | | 32084 | US | |
| FEI Number: | 59-3102598 | FEI Number Applied | For () FEI Nun | nber Not Appli | cable () | Certi | ficate of Status | Desired () |
| Name and | Address of C | Name and Address of New Registered Agent: | | | | | | |
| CURTIS, JAMES A PRES 4533 SUNBEAM ROAD UNIT 501 JACKSONVILLE, FL 32257 US | | | | CURTIS, JAMES A PRES 1702 LAKESIDE AVE UNIT 6 ST AUGUSTINE, FL 32084 US | | | | |
| | named entity s of Florida. | submits this stateme | nt for the purpose o | f changing it | s registere | d office o | or registered | agent, or both, |
| SIGNATUR | | 04/30/2005 | | | | | | |
| | Electron | nic Signature of Regis | stered Agent | | | | Date | |
| Election Can | npaign Financing | g Trust Fund Contribution | on (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | P () CURTIS, JAME: 14 NELMAR AV ST AUGUSTINE | 'ENUE | | Title: Name: Address: City-St-Zip: | | () Chang | ge () Addition | |
| Title: Name: Address: City-St-Zip: | T () CURTIS, MART 14 NELMAR AV ST AUGUSTINE | 'ENUE | | Title: Name: Address: City-St-Zip: | T CURTIS, MA 14 NELMAR ST AUGUST | ARTA S TR AVENUE | | |
| Title: Name: Address: City-St-Zip: | CURTIS, JAME 4367 KINCARD | | | Title: Name: Address: City-St-Zip: | | () Chang | ge () Addition | |
| Title: Name: | S () DISMORE, ALA |) Delete N B | | Title: Name: | S DISMORE, A | | ge () Addition | |

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.

Address:

City-St-Zip:

1702 LAKESIDE AVE

ST AUGUSTINE, FL 32084 SJ

SIGNATURE: JAMES A CURTIS 04/30/2005 **PRES**