



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # V46239 1. Entity Name DEAD AIM PEST CONTROL, INC.	
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Principal Place of Business 3304 SW 14TH ST FT LAUDERDALE, FL 33312-3656 US	Mailing Address 3304 SW 14TH ST FT LAUDERDALE, FL 33312-3656 US
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0342821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

William D. Beamer, Chartered
A Florida Professional Association

William D. Beamer
Attorney At Law

Phone (954) 561-7700 1975 East Sunrise Boulevard
Pager (954) 216-7700 Suite 701
Fax (954) 713-0730 Fort Lauderdale, Florida 33304
omnillex@comcast.net

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I am familiar with, and accept

NOTE: Registered Agent signature required when restate(s)

DATE

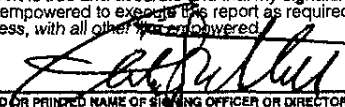
campaign Financing Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILITELLO, ANTHONY J 3304 SW 14TH ST FT LAUDERDALE, FL 333123656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILITELLO, MARCIA A 3304 S.W. 14TH ST FT. LAUDERDALE, FL 333123656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 persons empowered.

SIGNATURE:  **3-30-05 984-5838777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #