2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 205819
1. Entity Name
FLORIDA PEST CONTROL & CHEMICAL CO.

Principal Place of Business
116 NW 16TH AVE
PO BOX 5369
GAINESVILLE, FL 32601

Mailing Address
116 NW 16TH AVE
GAINESVILLE, FL 32601

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number
59-8060716

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GODSALL, DALE L.
116 N.W. 16TH AVE
GAINESVILLE, FL 32601

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 ____________________________

DATE ____________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.

$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>SAPP, DEMPSEY R</td>
<td>17445 SW 132 AVE</td>
<td>LAKE BUTLER, FL 32054</td>
</tr>
<tr>
<td>PD</td>
<td>SAPP, DEMPSEY R JR.</td>
<td>18798 SW 132 AVE</td>
<td>LAKE BUTLER, FL 32054</td>
</tr>
<tr>
<td>STD</td>
<td>SAPP, MARGIE B</td>
<td>17445 SW 132 AVE</td>
<td>LAKE BUTLER, FL 32054</td>
</tr>
<tr>
<td>D</td>
<td>JOHNSON, RANDY S</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE, FL 32601</td>
</tr>
<tr>
<td>V</td>
<td>GODSALL, DALE L</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE, FL 32601</td>
</tr>
<tr>
<td>V</td>
<td>FROWICK, CHAD E</td>
<td>3891 RECKER HWY.</td>
<td>WINTER HAVEN, FL 33880</td>
</tr>
</tbody>
</table>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<table>
<thead>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ____________________________

DATE: 2661