2007 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
PO BOX 5369
GAINESVILLE, FL 32601

01032007  No Chg-P  CR2E034 (11/05)
4. FEI Number  
59-6060716

Applied For  
Not Applicable

5. Certificate of Status Desired □ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GODSHALL, DALE L.  
116 N.W. 16TH AVE.  
GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

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:__________________________  
Signature, typed or print the name of registered agent and title if applicable  
(NOTE: Registered Agent signature required when replacing)  
DATE:__________________________

FILE NOW!! FEE IS $150.00  
After May 1, 2007 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-STATE-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>18708 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>C</td>
<td>JOHNSON, RANDY S</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE, FL 32601</td>
</tr>
<tr>
<td>VD</td>
<td>GODSHALL, DALE L</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE, FL 32601</td>
</tr>
<tr>
<td>VD</td>
<td>FROWICK, CHAD E</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE, FL 32601</td>
</tr>
</tbody>
</table>

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 116, 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 207, 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:__________________________  
Signature and Typed or Printed Name of Signature Officer or Director  
Date:__________________________  
Chancery Phone: 816-352-376-2262