


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 572580
1. Entity Name
UNCLE BOB'S PEST CONTROL, INC.



Principal Place of Business Mailing Address
16940 SW 5TH STREET **16940 SW 5TH STREET**
WESTON, FL 33326 **WESTON, FL 33326 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1894587	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
DONALDSON RAYMOND L
16490 SW 5 ST
FT LAUDERDALE, FL 33326

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DONALDSON, RAYMOND L 16490 SW 5 ST FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTIN, LAWENCE E 111 S. HOLLYBROKE DR., 44-102 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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05/04/06-80101-008 150.00

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: *Raymond Donaldson* Raymond Donaldson 4-20-06 954-389-11

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