2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2006 08:00 AN 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 CR2E034 (11/05) 01042006 No Chg-P Applied For 4. FEI Number 59-1894587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required cupamayo akoin, mayo aka cabata Sarahain anistrabi ahan sabahin sini dika menjada bilanga bilangi ali daki bil 5. Name and Address of Current Registered Agent DO NOT WRITE DONALDSON RAYMOND L 16490 SW 5 ST FT LAUDERDALE, FL 33326 IN THIS SPACE ំ . . . ន នគរសេចម៉ាន់ ពីស៊ីដែលប្រជាជនដែលប្រជាពលដែលប្រជាពលដែលនៅនេះ នេះប៉ុន្តែ នៅមួយដែលប្រជាពលដែលប្រជាពលដែលប្រជា 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, typod or printed name of registered agent and site if applicable (NOTE: Registered Agent algosture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE er erkert er eine greibel er en franzon auszen die kalen annahr der einen greiber greiben greiben bei bei ber DONALDSON, RAYMOND L NAME STREET ADDRESS 16490 SW 5 ST COY-ST-70 FT. LAUDERDALE, FL 70000527125 75204206-80101-008-150.00 DILE MARTIN, LAWENCE E STREET ADDRESS 111 S. HOLLYBROKE DR., 44-102 CITY-ST-ZIP PEMBROKE PINES, FL. 33025 nne NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP va valaista asibali kilikuksa saksiilila kiliksii aradka kala halibali dha edha eta mada perieziikii 2. Sa. state side in 1986 in the Community of the State of the Community o TEFF NAME STREET ADDRESS CITY-ST-ZIP 1 Ser jakalana dibatan dipinin banan pangangan pangang ^{THE MANAGEMENT OF THE PROPERTY OF THE PROPERT} TITLE NAME st sentimination of the contribution of the co STREET ADDRESS and the second telephology of the second second

SIGNATURE:

with all other like empowered.

12. I hereby certify that the information supplied with this filling does not quality 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 eath, that I am an officer or director of the corporation or the repeiver 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

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changed, or on an attachment with an address,