2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM **DOCUMENT # 572580 Secretary of State** 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 No Cha-P 04192007 CR2E034 (11/05) Applied For 4. FEI Number 59-1894587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DONALDSON RAYMOND L 16490 SW 5 ST FT LAUDERDALE, FL 33326 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. DATE Signature, based or criminal name of recisioned agent and tills if applicable (NOTE: Recistered Agent stoneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DONALDSON, RAYMOND L NAME STREET ADDRESS 16490 SW 5 ST CITY-ST-ZIP FT. LAUDERDALE, FL. TITLE UDODOO726339 NAME MARTIN, LAWENCE E 05/04/07-80003-019 15p.mn STREET ADDRESS 111 S. HOLLYBROKE DR., 44-102 CITY-ST-ZIP PEMBROKE PINES, FL 33025 TITLE NAME STREET ADDRESS DO NOTWRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME

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 eath, 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 gither like empowered.

SIGNATURE:

STREET ADDRESS
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