


FILED 01  
Apr 30, 2007 08:00 AM  
Secretary of State

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # G86347</b> 1. Entity Name A. & M. PEST CONTROL, INC.	
--------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2501 N. ORIENT RD SUITE F TAMPA, FL 33619 US	Mailing Address 2501 N. ORIENT RD SUITE F TAMPA, FL 33619 US
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2377484	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

HINES, JAMES P  
315 S HYDE PARK AVE  
TAMPA, FL 33606

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent Signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTT, RAY 2501 N. ORIENT RD STE F TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOTT, MARY F 2501 N ORIENT RD, STE F TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000745866  
05/16/07-80042-023-150.00

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: Mary F. Lott 4-27-06 813623-3090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #