


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H43938 1. Entity Name SHUR-SHOT PEST CONTROL, INC.	
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Principal Place of Business % RAYMOND A. GIARDINA 938 NE 7TH TERRACE CAPE CORAL, FL 33909	Mailing Address % RAYMOND A. GIARDINA 938 NE 7TH TERRACE CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



04172006	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2487509	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

GIARDINA, RAYMOND A.
938 N.E. 7TH TR.
CAPE CORAL, FL 33909

**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	P GIARDINA, RAYMOND A. 938 N.E. 7TH TERRACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GIARDINA, MONICA 938 NE 7TH TERRACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIARDINA, GARY 938 NE 7TH TERRACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80016-002 150.00

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____