

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 19, 2006  
Secretary of State**

DOCUMENT# K28538

Entity Name: HOSKINS PEST CONTROL, INC.

**Current Principal Place of Business:**

119A CORPORATION WAY  
P.O. BOX 1987  
VENICE, FL 342841987 US

**New Principal Place of Business:**

**Current Mailing Address:**

119A CORPORATION WAY  
P.O. BOX 1987  
VENICE, FL 342841987 US

**New Mailing Address:**

FEI Number: 65-0064036      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOSKINS, HOWARD C.  
119A CORPORATION WAY  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOSKINS, HOWARD C.  
Address: 633 W VENICE AVE  
City-St-Zip: VENICE, FL 34285

Title: VPD ( ) Delete  
Name: GREENLEE, CHARLES E  
Address: 172 TANAGER RD.  
City-St-Zip: VENICE, FL 34293 US

Title: S ( ) Delete  
Name: BENNETT, ROXANN J  
Address: 309 PELICAN RD. APT. B  
City-St-Zip: VENICE, FL 34293 US

Title: TD ( ) Delete  
Name: WAELTER, VIRGINIA P  
Address: 464 DUKE RD.  
City-St-Zip: VENICE, FL 34293 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: PRICE, CASEY  
Address: 633 W. VENICE AVE.  
City-St-Zip: VENICE, FL 34285 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD C. HOSKINS

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date