

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80745

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: PRIME PEST CONTROL, INC.

**Current Principal Place of Business:**

6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CORPORATION SERVICES COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

FEI Number: 65-0055506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: SWATT, MYRON  
Address: 6300 PARK OF COMMERCE BLVD  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: LESTER, ANDREW  
Address: 6300 PARK OF COMMERCE BLVD  
City-St-Zip: BOCA RATON, FL 33487

Title: CEOP ( ) Delete  
Name: SOLLINS, CHARLES  
Address: 6300 PARK OF COMMERCE BLVD.  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: PATTERSON, D. SCOTT  
Address: 1140 BAY ST STE 4000  
City-St-Zip: TORONTO, ON

Title: VP ( ) Delete  
Name: BERSTEIN, ARNOLD J  
Address: 6300 PARK OF COMMERCE  
City-St-Zip: BOCA RATON, FL 33487

Title: ST ( ) Delete  
Name: LANG, WENDY  
Address: 6300 PARK OF COMMERCE BLVD  
City-St-Zip: BOCA RATON, FL 33487

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

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

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: WENDY LANG

ST

01/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date