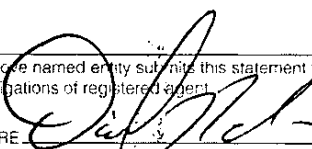
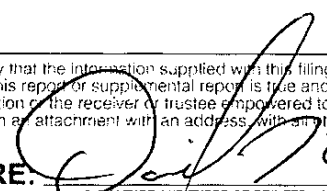


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90029 028 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                    |                                                                                                                       |                                                                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P95000066061</b><br>1. Entity Name<br><b>NELSON'S PEST CONTROL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                    |                                                                                                                       |                                                                                                                                                      |  |
| Principal Place of Business<br><b>7940 RUTILIO CT</b><br><b>NEW PORT RICHEY, FL 34653</b><br><i>23325 Abercorn Lane</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                    | Mailing Address<br><b>7940 RUTILIO CT</b><br><b>NEW PORT RICHEY, FL 34653</b><br><i>23325 Abercorn Lane</i>           |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #<br><i>Land-o-lakes fl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                    | 3. Mailing Address<br><i>Land-o-lakes fl</i>                                                                          |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.<br><i>Land-o-lakes fl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                    | Suite, Apt. #, etc.<br><i>Land-o-lakes fl</i>                                                                         |                                                                                                                                                                                                                                       |  |
| City & State<br><i>Land-o-lakes fl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                    | City & State<br><i>Land-o-lakes fl</i>                                                                                |                                                                                                                                                                                                                                       |  |
| Zip<br><b>34639</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Country<br><b>Pasco</b>            |                                                                                                                       | Zip<br><b>34639</b>                                                                                                                                                                                                                   |  |
| Country<br><b>Pasco</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | 4. FEI Number<br><b>59-3334920</b> |                                                                                                                       |                                                                                                                                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                    |                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>NELSON, DAVID</b><br><b>23325 ABERCORN LANE</b><br><b>LAND O LAKES, FL 34639</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                    |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE:                                                                                                                                                                                                                                                                                                              |                                                                       |                                    |                                                                                                                       |                                                                                                                                                                                                                                       |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                    |                                                                                                                       |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                 |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PTD<br>NELSON, DAVID<br>23325 ABERCORN LANE<br>LAND O LAKES, FL 34639 |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VPSP<br>MURRAY, JOHN<br>3919 ANITA WY<br>NEW PORT RICHEY, FL 34655    |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                       |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                       |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                       |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                       |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| 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 an other like empowered |                                                                       |                                    |                                                                                                                       |                                                                                                                                                                                                                                       |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                    | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                    |                                                                                                                                                                                                                                       |  |
| 3-17-07 727-514-7302                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                    | Date Daytime Phone #                                                                                                  |                                                                                                                                                                                                                                       |  |