2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P99000044445
1. Entity Name
BRIAN'S PERSONALIZED PEST CONTROL AND LAWN CARE, INC.

Principal Place of Business
950 ALBRITTON WAY
LAKE WALES FL 33853

Mailing Address
P.O. BOX 1304
LAKE WALES FL 33859-1304

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
City & State

Zip

Country
Zip
Country

5. Certificate of Status Desired
$8.75 Additional Fee Required

1st MOORE CR2E334 (10/05)
4. FEI Number
59-3587682

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

VANBLARGAN, BRIAN J
950 ALBRITTON WAY
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL
Zip Code

9. Election Campaign Financing
$5.00 May Be Added to Fees

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-STATE-ZIP</th>
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<tbody>
<tr>
<td>DPTS</td>
<td>VANBLARGAN, BRIAN J</td>
<td>950 ALBRITTON WAY</td>
<td>LAKE WALES FL 33853</td>
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<td>DVS</td>
<td>VANBLARGAN, CLARA R</td>
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<td>LAKE WALES FL 33853</td>
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<td>05/15/06-80080-022 158.75</td>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 627, 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: [Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone #: 4