2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000086111

1. Entity Name
A-1 HOME PEST CONTROL, INC.

Principal Place of Business	Mailing Address
2157 PIMLICO ST	2157 PIMLICO ST
ORLANDO, FL 32822	ORLANDO, FL 32822

DO NOT WRITE IN THIS SPACE

04202006   No Chg-P   CR2E034 (11/05)

4. FEI Number — Applied For
71-0973146 — Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL J. MALONEY, P.A.
837 N GARLAND AVE
ORLANDO, FL 32801

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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

U000000532095
05/06/06-80072-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	TROSETH, DENNIS
STREET ADDRESS	2157 PIMLICO ST
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _~~signature~~_   Dennis Troseth   4/3/06   407-382-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Please note: Tried filing this online but could not get site to continue past the first couple of pages