

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90039 045 ***150.00

DOCUMENT # 205819
 1. Entity Name
FLORIDA PEST CONTROL & CHEMICAL CO.



Principal Place of Business Mailing Address
 116 NW 16TH AVE 116 NW 16TH AVE
 PO BOX 5369 PO BOX 5369
 GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

00010400



01302006 Chg-P CR2E034 (11/05)

4. FEI Number **59-6060716** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODSHALL, DALE L.
 116 N.W. 16TH AVE.
 GAINESVILLE, FL 32601

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SAPP, DEMPSEY R 17445 SW 132 AVE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAPP, DEMPSEY R JR. 18796 SW 132 AVE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAPP, MARGIE B 17445 SW 132 AVE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RANDY S 116 NW 16TH AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODSHALL, DALE L 116 NW 16TH AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Godshall, Dale L 116 NW 16th Ave Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FROWICK, CHAD E 3891 RECKER HWY. WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frowick, Chad E 116 NW 16th Ave Gainesville, FL 32601

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: Dempsey R. Sapp, Jr. Date 1/30/06 Daytime Phone # 352-376-2661