


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90211 007 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 220801</b>                       |  |
| 1. Entity Name<br>HUNT EXTERMINATING CO., INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1310 S. MISSOURI AVE., STE A & B<br>CLEARWATER, FL 33756 US | Mailing Address<br>1310 S. MISSOURI AVE., STE A & B<br>CLEARWATER, FL 33756 US |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



04302006 Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-0861461 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent               |  |
| KILBY, BOBBY<br>1310 S. MISSOURI AVE.<br>CLEARWATER, FL 33756 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| 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 Robert Kilby Robert Kilby Pres 4 29 06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WRIST, RAY<br>12415 LAND STREET<br>LARGO, FL 33774 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P Robert Kilby<br>1310 S. Missouri Ave.<br>Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KILBY, ROBERT<br>10344 66TH STREET W<br>PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP Danielle Mation<br>1310 S. Missouri Ave.<br>Clearwater, FL 33756 <input type="checkbox"/> Change <input checked="" 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        | Ray Wright<br>12415 Land Street<br>Largo, FL 33774 <input checked="" 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 all other like empowered.

SIGNATURE: Robert Kilby Robert Kilby Pres 4 29 06 727544306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #