2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343778

FILED Apr 26, 2006 Secretary of State

Entity Name: LEONARD M. KING PEST CONTROL, INC.

Current F	Principal Place	e of Business:	New Principal Place	e of Business:
	INSON ST OOD, FL 3302	24 US		
Current N	Mailing Addre	ss:	New Mailing Addres	ss:
PO BOX 3 MIRAMAF	3636 R, FL 33083			
FEI Numbe	r: 59-1237515	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
320 JOH	TRICIA D INSON ST	24 US		
IOLL I VV	OOD, FL 3302	.4 00		
The above	·		purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity te of Florida. JRE:	submits this statement for the		ed office or registered agent, or both,
The above n the Stat SIGNATU	e named entity te of Florida. JRE: Electro	submits this statement for the		ed office or registered agent, or both, Date
The above n the Stat SIGNATU	e named entity te of Florida. JRE: Electro	submits this statement for the		
The above n the Stat SIGNATU Election Ca	e named entity te of Florida. JRE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
The above n the Stat SIGNATU Election Ca	e named entity te of Florida. JRE: Electro ampaign Financin	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete G, PATRICIA A D AVENUE	ent	Date
The above n the State SIGNATU Election Ca OFFICER Vittle: Vitt	e named entity te of Florida. JRE: Electro ampaign Financin RS AND DIRECT PS (DANIELS-KINC 1000 N.W. 120 PLANTATION, V (DANIELS-ROG 787 S.W. 1207	submits this statement for the nic Signature of Registered Agag Trust Fund Contribution (). CTORS:) Delete G, PATRICIA A D AVENUE FL 33323) Delete GERS, MARCIA TH WAY	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DANIELS-KING P/S 04/26/2006