


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 531065</b> 1. Entity Name ENVIRONMENTAL PESTCONTROL ASSOCIATION OF FLORIDA, INC.	
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Principal Place of Business 277 STAR LAKE DR HAWTHORNE, FL 32640 US	Mailing Address 277 STAR LAKE DR HAWTHORNE, FL 32640 US
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1735124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, LAWRENCE R JR  
 277 STAR LAKE DR  
 HAWTHORNE, FL 32640

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	FOSTER, LAWRENCE JR
STREET ADDRESS	277 STAR LAKE DR
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	VT
NAME	FOSTER, BARBARA F
STREET ADDRESS	277 STAR LAKE DR
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

1100000731699  
05/09/07-80015-021 150.00

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: Barbara F. Foster **BARBARA F. FOSTER**      3-14-07      352-481-3456

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