

**•2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # 580033

1. Entity Name
UNDERWOOD AND SONS PEST CONTROL, INC.



Principal Place of Business
3600 CO. RD. 209 RUSSELL RT.
P.O. BOX 42
GREEN COVE SPRINGS, FL 32043

Mailing Address
3600 CO. RD. 209 RUSSELL RT.
P.O. BOX 42
GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business
3592 Russell Road

Suite, Apt. #, etc.

City & State
Green Cove
Springs, FL 32043

Zip
32043

Country
USA

3. Mailing Address
3592 Russell Road

Suite, Apt. #, etc.

City & State
Green Cove
Springs, FL 32043

Zip
32043

Country
USA

— 6. Name and Address of Current Registered Agent

UNDERWOOD, ABNER N
3600 CO RD 209
GREEN COVE SPRINGS, FL 32043

7. Name and Address of New Registered Agent

Name
Michael Larry Underwood

Street Address (P.O. Box Number is Not Acceptable)
3592 Russell Road

City
Green Cove Springs

FL
Zip Code
32043

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

November 18, 2005

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDO
UNDERWOOD, ABNER N
3600 CO RD 209
GREEN COVE SPRGS, FL

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Michael Larry Underwood
3592 Russell Road
Green Cove Springs, FL 32043

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP, Secretary, Treasurer
Abner N. Underwood
3600 CO RD 209
Green Cove Springs, FL 32043

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800061744138
11/29/05--01012--015 **758.75

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 18, 2005
(904)
657-4757

Date

Daytime Phone #