

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 580033 1. Entity Name UNDERWOOD AND SONS PEST CONTROL, INC.				FILED 05 NOV 29 PM 3:48 TREASURY	
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		3. Mailing Address 3592 Russell Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Green Cove Springs, FL 32043 Zip 32043 Country USA		City & State Green Cove Springs, FL 32043 Zip 32043 Country USA		4. FEI Number 59-1915603	
5. Certificate of Status Desired <input checked="" type="checkbox"/> Not Applicable				\$8.75 Additional Fee Required	
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: November 18, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDO UNDERWOOD, ABNER N 3600 CO RD 209 GREEN COVE SPRGS, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Larry Underwood 3592 Russell Road Green Cove Springs, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST UNDERWOOD, MARY HELEN 3600 CO RD 209 GREEN COVE SPRGS, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Abner N. Underwood 3600 CO RD 209 Green Cove Springs, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, KIMBERLY J 4059 DEERTRAIL MIDDLEBURG, FL <input checked="" 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061744138 11/29/05--01012--015 **758.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: November 18, 2005 (904) 657-4757 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					