2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 594472

Entity Name: ALLIED PEST CONTROL, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5024 SUNBEAM RD. 445 SR 13 N BOX 462 JACKSONVILLE, FL 32257

US 26

> JACKSONVILLE, FL 32259 US

Current Mailing Address: New Mailing Address:

445 SR 13N BOX 462 5024 SUNBEAM RD.

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32259 US

FEI Number: 59-1864383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MINOR, ROBERT E MINOR, ROBERT E 5024 SÚNBEAM RD 445 SR 13N BOX 462 JAX, FL 32257 JAX, FL 32259 US

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.

SIGNATURE: R. EDWARD MINOR 04/26/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: MINOR, ROBERT EDWARD, MINOR, ROBERT EDWARD, Name: Name: 5024 SUNBEAM RD. Address: 445 SR 13N BOX 462 Address: City-St-Zip: JAX, FL 32257 US City-St-Zip: JAX, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: R. EDWARD MINOR **PRES** 04/26/2005