

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90248 033 \*\*\*150.00

<b>DOCUMENT # 594472</b> 1. Entity Name <b>ALLIED PEST CONTROL, INC.</b>					
Principal Place of Business <b>445 SR 13 N BOX 462</b> <b>26</b> <b>JACKSONVILLE, FL 32259 US</b>			Mailing Address <b>445 SR 13N BOX 462</b> <b>26</b> <b>JACKSONVILLE, FL 32259 US</b>		
2. Principal Place of Business <b>2235 URBAN Rd</b> Suite, Apt. #, etc.			3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		
City & State <b>JAX FL</b> Zip <b>32210</b>			City & State  Zip  Country <b>USA</b>		
4. FEI Number <b>59-1864383</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MINOR, ROBERT E</b> <b>445 SR 13N BOX 462</b> <b>26</b> <b>JAX, FL 32259</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>RL. ROBERT E. MINOR</i></u> DATE <u><i>4-24-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>MINOR, ROBERT EDWARD</b> STREET ADDRESS <b>445 SR 13N BOX 462</b> CITY-ST-ZIP <b>JAX, FL 32259</b>	<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	
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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: <u><i>RL</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4-24-06</i></u> Daytime Phone # <u><i>(904) 880 6600</i></u>		