


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 791123</b> 1. Entity Name SANTA ROSA PEST MANAGEMENT ASSOCIATION, INC.	
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Principal Place of Business 5259 BOOKER LANE JAY, FL 32565	Mailing Address P O BOX 37 JAY, FL 32565
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04112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2144722	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  DIAMOND, MICKEY 12760 CHUMUKLA HWY JAY, FL 32565	<b>DO NOT WRITE IN THIS SPACE</b>
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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 registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, ALAN 2108 MINERAL SPRINGS RD JAY, FL 32565	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, LEWIE J 3075 HICKORY HOLLOW LANE JAY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAMOND, JOHN M. 12778 CHUMUCKLEA HWY JAY, FL 32565	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NOLES, GEORGE 5665 JESSE ALLEN ROAD MILTON, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DIAMOND, MICKEY 12760 CHUMUCKLE HWY JAY, FL 32565	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWRY, JIMMY J 4407 HWY 4 E JAY, FL	

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05/13/06-80057-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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

4-28-06

Date

850-336-8193

Daytime Phone #