


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 30, 2007 08:00 A
Secretary of State

DOCUMENT # F51705
 1. Entity Name
 TOTAL PEST CONTROL OF FLORIDA, INC.



Principal Place of Business 233 NORTH BREVARD AVENUE ARCADIA, FL 34266	Mailing Address PO BOX 2133 ARCADIA, FL 34265
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2141997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, EDGAR L.
 233 NORTH BREVARD AVENUE
 ARCADIA, FL 33821

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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 renaming) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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	PD WILSON, EDGAR L. 233 NORTH BREVARD AVE. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT WILSON, MARIE A. 233 N. BREVARD AVE. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/05/07-80042-020 150.00

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 empowerments.

SIGNATURE: Marie A. Wilson D.P. 3/28/07 863 494 7173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #