
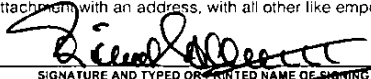


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90252 012 ***150.00

DOCUMENT # F97480 1. Entity Name AACTION PEST CONTROL OF SOUTH FLORIDA, INC.					
Principal Place of Business 6750 U.S. HIGHWAY 27 S. SEBRING, FL 33870			Mailing Address 6750 U.S. HIGHWAY 27 S. SEBRING, FL 33870		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NIELANDER, WILLIAM J 172 E INTERLAKE BLVD LAKE PLACID, FL 33852			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</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 _____ <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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, RICHARD 1042 ARBUCKLE BRANCH RD SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D ALLEN, RICHARD 1042 ARBUCKLE BRANCH RD. SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS HIGGINS, THOMAS 2524 DOLPHIN DR SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/10/06 <small>Date</small>		
			863-382-2773 <small>Daytime Phone #</small>		



01102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2214793

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required