## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

PROMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 28, 2006 08:00 AM Secretary of State

| 1. Entity Nam<br>T & T TEF   | RMITE & PEST CONTROL, INC  |   |  |                                      | Secret  | tary of State   |  |
|--|--|---|--|--------------------------------------|---|---|--|
| Principal Place<br>152 - 8TH AV<br>STE B<br>LARGO, FL 3  | VE SW  | ailing Address<br>152 - 8TH AVE SW<br>ITE B<br>ARGO, FL 33770 US  | <u>-</u>                                   |                                      |   |   |  |
| D  | O NOT WRITE II   | CE  | 01092008<br>4. FEI Numb<br>59-223          | No Chg-P                             | CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required |   |  |
| COLE, LOI<br>2609 10TH<br>LARGO, FI  | AVENUE S.W.  | DO NOT WRITE<br>IN THIS SPACE   |  |                                      |   |   |  |
| 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  Signature, typed or printed name of registered agent and the if approache (NOTE: Registered Agent alignature required when refusitency)  DATE |  |   |  |                                      |   |   |  |
| FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.   |  |   | cing \$5.                                  | 00 May Be                            |   | DATE  |  |
| 10.  TITLE RMANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P COLE, LOREN P 2609 10TH AVENUE SW LARGO, FL 33770 V COLE, DEBORAH 2809 10TH AVENUE S.W. LARGO, FL 33770  | DTORS   | ·  |                                      |   | 482838<br>8 <b>0</b> 033-015 150. <b>0</b> 0                                |  |
| NAME STREET ADDRESS EITY-ST-ZIP TITLE NAME STREET ADDRESS  | TITLE NAME STREET ADDRESS DITY-ST-279 TITLE VAME   |   |  | DO NOT WRITE<br>IN THIS SPACE        |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |  |   |  |                                      |   |   |  |
| STREET ADDRESS CHY-ST-ZIP  12. I hereby or indicated of the corp changed,  | ertily that the information supplied with this fi<br>on this report or supplemental pepert is true a<br>poration or the receiver or trustee empowered<br>or on an attachment with an address, with all | ling does not qualify for the exe<br>and accurate and that my signat<br>to execute this report as requir<br>other like empowered. | ure shall have the s<br>ed by Chapter 607. | ame legal effec<br>, Florida Statute | of as if made under o<br>es; and that my name                               | ath, that I am an officer or director<br>appears in Block 10 or Block 11 if |  |