2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 08:00 AM Secretary of State DOCUMENT # H26588 1. Entity Name NATIONAL EXTERMINATORS, INC. Principal Place of Business Mailing Address PO 80X 80504 P.O. BOX 60504 FT. MYERS FL 33906 FT. MYERS FL 33906 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2484186 Not Applicat Zìp Country Zno Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWIMER, GENE D. Street Address (P.O. Box Number is Not Acceptable) 15360RIVER BY ROAD FT. MYERS FL 33908 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature inquired when reassating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May [After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17 11. TITLE PST TITLE 🔲 Oelete Change Danker MAME SWIMER, GENE D. NAME STREET ADURESS 15360 RIVER BY ROAD STREET ADURESS 1100000436817 CUTY-ST-782 FT. MYERS FL CITY-ST-ZIP <u> 02/28/06-8</u>0015-025 150.00 TITLE ☐ Delete ☐ Change ☐ Addition NAME SWIMER, GENE D. NAME STREET ADDRESS 15360 RIVER BY ROAD STREET ADDRESS CITY-ST-ZIP FT. MYERS FL Citr-ST-ZIP Delete ШТЕ ☐ Chance □ Ad tiis. NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ ACC Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZW CITY-ST-ZIP TITLE ☐ Defete TIRLE Change ☐ Adem NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE Chance ☐ Add: NAME NAME STREET AUDRESS STREET ADDRESS CAY-SI-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affect as if made under oath; that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <a>Z

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