

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H50752

FILED  
Jan 19, 2006  
Secretary of State

Entity Name: GODDARD PEST CONTROL, INC.

## Current Principal Place of Business:

1153 SUN CENTURY RD  
SUITE 3  
NAPLES, FL 33410 US

## Current Mailing Address:

1153 SUN CENTURY RD  
SUITE 3  
NAPLES, FL 33963 US

## New Principal Place of Business:

1141 SUN CENTURY RD  
SUITE 2  
NAPLES, FL 34110 US

## New Mailing Address:

1141 SUN CENTURY RD  
SUITE 2  
NAPLES, FL 34110 US

FEI Number: 59-2524704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODDARD, JAMES T  
6600 ILEX CIR  
P.O. BOX 3126  
NAPLES, FL 33942 US

## Name and Address of New Registered Agent:

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 US

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.

SIGNATURE: JOHN PAULICH, III AS ITS MEMBER

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GODDARD, JAMES T  
Address: 6600 ILEX CIR  
City-St-Zip: NAPLES, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: REYNOLDS, JAMES T  
Address: 1141 SUN CENTURY ROAD #2  
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Change (X) Addition  
Name: SMITH, TINA Y  
Address: 1141 SUN CENTURY ROAD #2  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA Y SMITH

S

01/19/2006

Electronic Signature of Signing Officer or Director

Date