2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J23704

1. Entity Name
PEST PATROL, INC.

Principal Place of Business	Mailing Address
8400 N. UNIVERSITY DR STE 206 TAMARAC, FL 33321	8400 N. UNIVERSITY DR STE 206 TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2699867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRADLEY, ROSE E
9949 NW 57 MANOR
CORAL SPRINGS, FL 33076

DO NOT WRITE IN THIS SPACE

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 required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

11100004 17499
02/13/06-80056-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRADLEY, ROSE E
STREET ADDRESS	9949 NW 57 MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: x Rose E. Bradley/Rose E. Bradley   x 1-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #