

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26352

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: MURRELL PEST CONTROL, INC.

## Current Principal Place of Business:

20718 HWY 301 NORTH  
DADE CITY, FL 33523 US

## New Principal Place of Business:

## Current Mailing Address:

20718 HWY 301 N  
DADE CITY, FL 33523 US

## New Mailing Address:

FEI Number: 59-2697345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLER, CHARLES D  
37927 E LIVE OAK  
DADE CITY, FL 33523 US

## Name and Address of New Registered Agent:

WALLER, CHARLES D  
38038 MERIDIAN AVENUE  
DADE CITY, FL 33523 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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCLEOD, TIMOTHY W.,  
Address: 14845 PUCKETT RD.  
City-St-Zip: DADE CITY, FL

Title: V ( ) Delete  
Name: MCLEOD, JOHN A.,  
Address: 12911 VINELAND ST  
City-St-Zip: SAN ANTONIO, FL

Title: S ( ) Delete  
Name: CRUTCHER, VICKI,  
Address: 17387 SWEETWATER RD  
City-St-Zip: DADE CITY, FL

Title: T ( ) Delete  
Name: MCLEOD, IRMA,  
Address: PASCO RD  
City-St-Zip: SAN ANTONIO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCLEOD, JERRY MICHAEL,  
Address: 20940 OLD TRILBY ROAD  
City-St-Zip: DADE CITY, FL

Title: VP (X) Change ( ) Addition  
Name: MCLEOD, TIMOTHY W.,  
Address: 14845 PUCKETT ROAD  
City-St-Zip: DADE CITY, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JERRY MICHAEL MCLEOD

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date