2008 FOR PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Nam | | | | | | | |
|---|---|---|-----------------------------|--|----------------------------|-----------------------|---------------------------|
| PROFESSIONAL PEST MANAGEMENT, INC. | | | | 08 AUG -7 AM 9: 14 | | | |
| Principal Place | e of Business | Mailing Address | · | | | ነሮ ሮፒልፕሮ | |
| 4123 NEIL CT 4123 NEIL CT | | | | | UNCTARY (| JE STALE FLORIDA | |
| TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 US | | | us | 165L | THUHOOLE | , I LUMBA | • |
| | | <u> </u> | | | | | |
| | | | | 07092008 | No Chg-P | CR2E034 (1 | 11/05) |
| D | O NOT WRITE | CE | 4. FEI Numbe | | | Applied For | |
| | | | | | | Not Applicable | |
| | | | | 5. Certificate | of Status Desired | | 75 Additional Required |
| | 6. Name and Address of Current | Registered Agent | 1 | <u></u> | | | |
| COLLINSWORTH, WILLIE KEITH | | | | | | | |
| 4123 NEIL | CRT. | DO NOT WRITE | | | | | |
| TALLAHAS | SSEE, FL 32303 | IN THIS SPACE | | | | | |
| | | | | •-• | | | |
| R The styrus | named entity submits this statement fo | the number of channing its register | and office or recistor | red agent or bo | th in the State of El | inrida Lem famili | or with and accept |
| | tions of registered agent. | on purpose of charging no region | os on or regions. | oo again, or oo | D., 2. 0 10 01210 011 1 | | a wat are accept |
| SIGNATURE. | | | · | | - | | |
| | Signature, typed or printed name of registered agent of | and the if applicable. (NOTE: Registers | ed Agent signature required | I when reinstating) | | DATE | ··· |
| FILE NOWITH FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finan Trust Fund Contribution. | | | | 5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. | OFFICERS AND | DIRECTORS | | | | | |
| TITLE | D COLLINSWORTH, KEITH | | | | | | |
| STREET ADORESS | 4123 NEIL COURT | | | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | | _ | | | | |
| ILL/T | SD COLLINGACORTA TOMANA | | l | 00 Ž | 2 00134 12/08010 | 13553 | :02 ******** |
| STREET ADDRESS | COLLINSWORTH, TOMA M. 4123 NEIL CRT | | 1 | 007 | 12/00010 | 100 <u></u> 013 | **130.00 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | | * | | | | |
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| STREET ADDRESS | i | | F | | | | |
| CITY-ST-ZIP | | | | DO | NOT W | /RITE | |
| TITLE | | | 1 | IN : | THIS SI | PACE. | |
| NAME STREET ADDRESS | | | | | | AUL | |
| CITY-SI-ZIP | | | | | | | |
| IIITE | | <u> </u> | 1 | | | | |
| NAME | } | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 1 | | | | |
| TITLE | · · | | - | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | ALC 25 - 4 - 1 - 1 - 1 | 1 | | | | |
| indicated | certify that the information supplied with | i tris tiling does not qualify for the ex | emptions contained | 7 in Chapter 119 | , Horida Statutes. | I further certify the | at 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 eath; that I am an officer or director of the corporation of 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.

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7/5/03

