

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83265

FILED
May 01, 2006
Secretary of State

Entity Name: WILKIN PEST CONTROL, INC.

Current Principal Place of Business:

WILKIN PEST CONTROL
929 PENFIELD COVE
SANFORD, FL 32773 US

New Principal Place of Business:

WILKIN PEST CONTROL, INC.
929 PENFIELD COVE
SANFORD, FL 32773 US

Current Mailing Address:

WILKIN PEST CONTROL, INC.
PO BOX 4304
SANFORD, FL 32271 US

New Mailing Address:

FEI Number: 59-2826197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOVER, STEPHEN H.
230 N PARK AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILKIN, HARRY R.,
Address: 929 PENFIELD COVE
City-St-Zip: SANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: WILKIN, HARRY R.,
Address: 929 PENFIELD COVE
City-St-Zip: SANFORD, FL

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: HARRY WILKIN

DPST

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date