

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85595

Entity Name: ALL-PEST, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

4567 CAPITAL CIRCLE NW
B
TALLAHASSEE, FL 32303 US

Current Mailing Address:

4567 CAPITAL CIRCLE NW
B
TALLAHASSEE, FL 32303 US

FEI Number: 59-2846926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLAMON, GARY
3827 LOMA FARM ROAD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

4500 SHANNON LAKES RD
SUITE 19
TALLAHASSEE, FL 32309 US

New Mailing Address:

4500 SHANNON LAKES RD
SUITE 19
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: ALLAMON, GARY,
Address: 3827 LOMA FARM ROAD
City-St-Zip: TALLAHASSEE, FL

Title: ST () Delete
Name: ALLAMON, GARY,
Address: 3827 LOMA FARM ROAD
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GARY ALLAMON

DPV

04/24/2007

Electronic Signature of Signing Officer or Director

Date