


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # J89345	
1. Entity Name HOME & OFFICE PEST CONTROL, INC.	

Principal Place of Business 6738 KNIGHTSWOOD DRIVE % THOMAS J. VOLK ORLANDO, FL 32818	Mailing Address 6738 KNIGHTSWOOD DRIVE % THOMAS J. VOLK ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE

03022008 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2853888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VOLK, THOMAS J.
6738 KNIGHTSWOOD DRIVE
ORLANDO, FL 32818**

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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 _____ (NOTE: Registered Agent signature required when reattesting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOLK, THOMAS J. 6738 KNIGHTSWOOD DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOLK, PAULA R. 6738 KNIGHTSWOOD DR ORLANDO, FL
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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: Paula R. Volk Paula R. Volk 4/19/06 407-298-3574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR