

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUL 17 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062006 Chg-P CR2E034 (11/05)

DOCUMENT # J98274 1. Entity Name BRACKETT'S PEST CONTROL, INC.					
Principal Place of Business 3491 23RD AVENUE S.W. NAPLES, FL 34117 US			Mailing Address 3491 23RD AVENUE S.W. NAPLES, FL 34117 US		
2. Principal Place of Business 4505 ORCHARD LANE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4505 ORCHARD LANE <small>Suite, Apt. #, etc.</small>			
City & State		City & State		4. FEI Number 65-0019312	
Zip 34112		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTTER, WILLIAM 3491 23RD AVENUE S.W. NAPLES, FL 34117		7. Name and Address of New Registered Agent Name GEORGE R. AKERS Street Address (P.O. Box Number is Not Acceptable) 4505 ORCHARD LANE City FL Zip Code 34112			
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 reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTTER, WILLIAM 3491 23RD AVE SW NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWIN S. NASH II 5227 MYRTLE LANE NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EIDSON, JESSE D 3225 19TH AVE SW NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGE R. AKERS 4505 ORCHARD LANE NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000077944580 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/25/06--01029--009 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>George R. Akers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/10/06</u>		Daytime Phone #: <u>(239) 263-0829</u>	