

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07342

FILED
Jan 24, 2006
Secretary of State

Entity Name: MCKENZIE PEST AND TERMITE, INC.

Current Principal Place of Business:

3000 KENILWORTH BLVD
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1844
SEBRING, FL 33871

New Mailing Address:

FEI Number: 59-2866887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKENZIE, H VERNON
2800 THUNDERBIRD RD
SEBRING, FL 33872 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: PDST () Delete
Name: MCKENZIE, H VERNON
Address: 2800 THUNDERBIRD RD
City-St-Zip: SEBRING, FL 33872

Title: AVP () Delete
Name: DIAZ, PAULA N
Address: 2800 THUNDERBIRD ROAD
City-St-Zip: SEBRING, FL 33872

Title: AVP () Delete
Name: MCKENZIE, MELVIN R
Address: 4843 SHAD DR
City-St-Zip: SEBRING, FL

Title: AVP () Delete
Name: HARRISON, DUSTIN J
Address: 4520 LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

Title: AVP () Delete
Name: MELVIN, CRAIG A
Address: 729 POINSETTA AVE.
City-St-Zip: SEBRING, FL 33870

Title: V () Delete
Name: MCKENZIE, CODY V
Address: 2800 THUNDERBIRD RD
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: H VERNON MCKENZIE

PDST

01/24/2006

Electronic Signature of Signing Officer or Director

Date