

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K13212

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: CUSTOM HERBICIDE APPLICATORS, INC.

## Current Principal Place of Business:

15901 ORANGE AVE.  
FT. PIERCE, FL 34945

## New Principal Place of Business:

2181 SW WATERVIEW PL.  
PALM CITY, FL 34990

## Current Mailing Address:

15901 ORANGE AVE.  
FT. PIERCE, FL 34945

## New Mailing Address:

2181 SW WATERVIEW PL.  
PALM CITY, FL 34990

FEI Number: 65-0025464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, PARKER A.  
15901 ORANGE AVENUE  
FT. PIERCE, FL 34945 US

## Name and Address of New Registered Agent:

DAVIS, PARKER A.  
2181 SW WATERVIEW PL.  
PALM CITY, FL 34990 US

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:

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DAVIS, PARKER A.,  
Address: 15901 ORANGE AVE.  
City-St-Zip: FT. PIERCE, FL 34945

Title: VD ( ) Delete  
Name: LONG, BRYAN,  
Address: 15901 ORANGE AVE  
City-St-Zip: FORT PIERCE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DAVIS, PARKER A.,  
Address: 2181 SW WATERVIEW PL.  
City-St-Zip: PALM CITY, FL 34990

Title: VD (X) Change ( ) Addition  
Name: LONG, BRYAN,  
Address: 2682 CONIFER DR.  
City-St-Zip: FORT PIERCE, FL 34951

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: PARKER A. DAVIS

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date