2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K28538

FILED Apr 19, 2006 Secretary of State

Entity Name: HOSKINS PEST CONTROL, INC.

urrent P	rincipal Place	e of Business:	New Principal Place of B	Business:
O. BOX	RPORATION W 1987 FL 342841987			
urrent M	lailing Addres	ss:	New Mailing Address:	
O. BOX	RPORATION W 1987 FL 342841987			
El Number	: 65-0064036	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent	Name and Address of Ne	ew Registered Agent:
19A COR ENICE, F	HOWARD C. PPORATION W FL 34285 U	/AY S		
	named entity : of Florida.	submits this statement for t	ne purpose of changing its registered off	ice or registered agent, or both,
GNATU		oio Signaturo of Dogistarad	Agent	Data
IGNATUI		nic Signature of Registered	Agent	Date
IGNATUI				Date O OFFICERS AND DIRECTOR
	Electron	T ORS:) Delete WARD C. E AVE	ADDITIONS/CHANGES T	
e: me: dress: y-St-Zip: e: me: dress:	Electron S AND DIREC PD () HOSKINS, HOV 633 W VENICE VENICE, FL 34	TORS:) Delete WARD C. E AVE 4285) Delete HARLES E RD.	ADDITIONS/CHANGES T Title: () C Name: Address: City-St-Zip:	O OFFICERS AND DIRECTOR
FFICERS le: me: dress:	Electron S AND DIREC PD () HOSKINS, HOW 633 W VENICE VENICE, FL 34 VPD () GREENLEE, CI 172 TANAGER VENICE, FL 34	TORS:) Delete WARD C. E AVE 4285) Delete HARLES E RD. 4293 US) Delete XANN J RD. APT. B	ADDITIONS/CHANGES T Title: () C Name: Address: City-St-Zip: Title: () C Name: Address: City-St-Zip:	O OFFICERS AND DIRECTOR
FFICER: le: me: dress: y-St-Zip: le: me: dress: y-St-Zip: le: me: dress:	Electron S AND DIREC PD () HOSKINS, HOV 633 W VENICE VENICE, FL 34 VPD () GREENLEE, CI 172 TANAGER VENICE, FL 34 S () BENNETT, RO 309 PELICAN F VENICE, FL 34	PTORS: Delete WARD C. EAVE 4285 Delete HARLES E RD. 4293 US Delete XANN J RD. APT. B 4293 US Delete RGINIA P	ADDITIONS/CHANGES T Title: () C Name: Address: City-St-Zip: Title: () C Name: Address: City-St-Zip: Title: () C Name: Address: City-St-Zip:	O OFFICERS AND DIRECTOR Change () Addition Change () Addition

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: HOWARD C. HOSKINS PRES 04/19/2006