

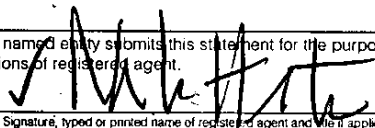
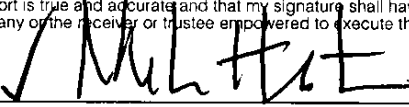


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90208 031 ****50.00

DOCUMENT # L03000045609 1. Entity Name MIDFLORIDA TERMITE & PEST CONTROL LLC					
Principal Place of Business 4903 S ARMOR RD PLANT CITY, FL 33567			Mailing Address 4903 S ARMOR RD PLANT CITY, FL 33567		
2. Principal Place of Business - No P.O. Box # 1409 HARNESS HORSE LANE Suite, Apt. #, etc. APT. 201		3. Mailing Address 1409 HARNESS HORSE LANE Suite, Apt. #, etc. APT. 201			
City & State BRANDON FL		City & State BRANDON FL		03052007 Chg-LLC CR2E083 (12/06)	
Zip 33511		Country U.S.A.		4. FEI Number 58-2677138	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HESTER, MICHAEL R 4903 S ARMOR RD PLANT CITY, FL 33567			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1409 HARNESS HORSE LANE APT. 201 City BRANDON FL Zip Code 33527		
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  DATE 3-10-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESTER, MICHAEL R 4903 S ARMOR RD PLANT CITY, FL 33567 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1409 HARNESS HORSE LANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition APT. # 201 BRANDON, FL 33511	
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	
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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 3-10-07 Daytime Phone # 813 640-0816		