


# 2006 FOR PROFIT CORPORATION - ANNUAL REPORT

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L20401</b> 1. Entity Name LARGO PEST CONTROL, INC.	
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Principal Place of Business 101 MARINA AVE KEY LARGO, FL 33037	Mailing Address 101 MARINA AVE KEY LARGO, FL 33037
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01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0159726	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LOCOCO, DAVID V., ESQUIRE 685 N E 126TH ST. NORTH MIAMI, FL 33161
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000402326  
02/03/06-80004-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SUAREZ, FERNANDO 101 MARINA AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: Fernando Suarez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 (305) 279-9292  
Date Daytime Phone #