

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90373 044 ***150.00

DOCUMENT # L20401 1. Entity Name LARGO PEST CONTROL, INC.			
Principal Place of Business 101 MARINA AVE KEY LARGO, FL 33037		Mailing Address 101 MARINA AVE KEY LARGO, FL 33037	
2. Principal Place of Business - No P.O. Box # 3371 NE 11 DRIVE Suite, Apt. #, etc.		3. Mailing Address 3371 NE 11 Dr. Suite, Apt. #, etc.	
City & State Homestead FL Zip 33033		City & State Homestead FL Zip 33033	
4. FEI Number 65-0159726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOCOCO, DAVID V., ESQUIRE 685 N E 126TH ST. NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUAREZ, FERNANDO 101 MARINA AVE KEY LARGO, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3371 NE 11 Dr Homestead FL 33033
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
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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 empowerments.			
SIGNATURE: <u>Fernando Suarez</u>		3-1-07 (305) 279-9292	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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