## 2007 FOR PROFIT CORPORATION >

## **FILED** ate

ANNUAL REPORT				Apr 30, 2007 08:0	
1. Entity Nan	IMENT # L87248 YPEST CONTROL OF BRAN	DON, INC.	Secretary of St		
Principal Plac	ce of Business .	Mailing Address			
501 HILLPINE WAY		% RONALD L. BOUDREAUX 501 HILLPINE WAY BRANDON, FL 33510			
				†	
*				04182007 No Ch	g-P CR2E034 (11/05)
<u>-</u>	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
	•		•	65-0204257	Not Applicable
				5. Certificate of Status D	esired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			
BOUDREAUX, RONALD L.				DO NOT	WRITE
501 HILLPINE WAY BRANDON, FL 33510					<del>-</del> <del>-</del>
		•	<b>.</b>	IN THIS	SPACE
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or both, in the Sta	ite of Florida. I am familiar with, and accept
-	aidhs oi registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent signature required	when reinstating)	DATE
FIL After M	.E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution		00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS	, ,	<del></del>	
TITLE NAME	D BOUDREAUX, RONALD L.		,		
STREET ADDRESS	5 501 HILLPINE WAY				
CITY-ST-ZIP	BRANDON, FL		· ·		
TITLE NAME			[	101) 11 20	0000745173 /07-80018-007 150.00
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TITLE			1		
NAME			ļ		
STREET ADDRESS CITY-ST-ZIP				DO NOT	WR!TE
TITLE			•	IN THIS	SPACE
NAME STREET ADDRESS			: •		OFACE
CITY-ST-ZIP				,	•
TITLE					
NAME STREET ADDRESS			1	* * * * * * * * * * * * * * * * * * * *	
CITY-SI-ZIP					
TITLE	1				

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:

| Opublic Double | Power | P

NAME STREET ADDRESS CITY-SI-ZIP