

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001966

FILED
May 08, 2007
Secretary of State

Entity Name: CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC.

Current Principal Place of Business:

6635 W COMMERCIAL BLVD
SUITE 201
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

6635 W COMMERCIAL BLVD
SUITE 201
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-0572961 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A ESQ.
8000 PETERS ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: MINOR, ED
Address: PMB 462,465 SR 13, SUITE 26
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: BARTLEY, JAMES
Address: 102 DOE TRAIL
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: SCHLESSINGER, DAVE
Address: 7000 FOUNTAINBLEAU CRESCENT
City-St-Zip: JACKSONVILLE, FL 32211

Title: PD () Delete
Name: LIVINGSTON, GILBERT
Address: 3440 NW 71ST ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: ED () Delete
Name: BECKERS, MICHAEL
Address: 6635 W COMMERCIAL BLVD #219
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: BARTLEY, JAMES
Address: 102 DOE TRAIL
City-St-Zip: JUPITER, FL 33458

Title: VP (X) Change () Addition
Name: SCHLESSINGER, DAVE
Address: 7000 FOUNTAINBLEAU CRESCENT
City-St-Zip: JACKSONVILLE, FL 32211

Title: T (X) Change () Addition
Name: TOMEU, JOSE
Address: 17323 NW CIRCLE 239
City-St-Zip: ALACHUA, FL 32615

Title: PD (X) Change () Addition
Name: MINOR, ED
Address: 6357 JACK WRIGHT ISLAND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI USHA

GM

05/08/2007

Electronic Signature of Signing Officer or Director

Date