
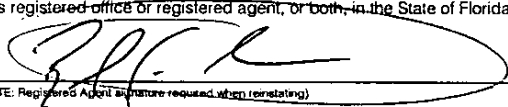
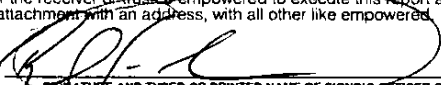


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90251 018 ***150.00

DOCUMENT # P00000045645 1. Entity Name GLEASON TERMITE CONTROL, INC.																													
Principal Place of Business 28210 OLD 41 ROAD #301C BONITA SPRINGS, FL 34135			Mailing Address 28210 OLD 41 ROAD #301C BONITA SPRINGS, FL 34135																										
2. Principal Place of Business 4037 CAPE CORAL PKY Suite, Apt. #, etc.		3. Mailing Address 6017 PINE RIDGE RD Suite, Apt. #, etc. #203																											
City & State CAPE CORAL FL		City & State NAPLES, FL		4. FEI Number 65-1015595																									
Zip 33904 Country USA		Zip 34119 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PARKER, RICHARD J 28210 OLD 41 ROAD #301C BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name RAYMOND J. CONNORS Street Address (P.O. Box Number is Not Acceptable) 6017 PINE RIDGE RD #203 City NAPLES FL Zip Code 34119																										
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 RAYMOND J. CONNORS  4/6/06 <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, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD PARKER, RICHARD J</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>28210 OLD 41 ROAD, #301C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BONITA SPRINGS, FL 34135</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PSTD PARKER, RICHARD J	<input checked="" type="checkbox"/> Delete	NAME	28210 OLD 41 ROAD, #301C		STREET ADDRESS	BONITA SPRINGS, FL 34135		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD RAYMOND J. CONNORS</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>6017 PINE RIDGE RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAPLES, FL 34119</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PSTD RAYMOND J. CONNORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	6017 PINE RIDGE RD		STREET ADDRESS	NAPLES, FL 34119		CITY-ST-ZIP		
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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 empowered.																													
SIGNATURE:  RAYMOND J. CONNORS 4/6/06 239 707 0260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													