2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P00000050645 1. Entity Name PEST PATROL OF JAX, INC. Principal Place of Business Mailing Address 4533 SUNBEAM RD PO BOX 57265 JACKSONVILLE, FL 32241 SUITE 902 JACKSONVILLE, FL 32257 03212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3652667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NICHOLS, DONALD C DO NOT WRITE 4533 SUNBEAM ROAD STE 902 JACKSONVILLE, FL 32257 IN THIS SPACE 9. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE NICHOLS, DONALD C NAME STREET ADDRESS P O BOX 57265 JACKSONVILLE, FL 32241 CITY-ST-ZIP U00000334914 04/27/05-88064-022 150.00 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 divides employed 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED