


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90011 001 ***150.00

DOCUMENT # P00000053469	
1. Entity Name NEOGUARD PEST ELIMINATION SERVICES, INC.	

Principal Place of Business 16665 83RD PLACE N LOXAHATCHEE, FL 33470	Mailing Address PO BOX 621 LOXAHATCHEE, FL 33470,
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2. Principal Place of Business 5950 LAKEHURST DRIVE Suite, Apt. #, etc. SUITE 276 City & State ORLANDO, FL Zip 32819 Country USA	3. Mailing Address 5950 LAKEHURST DRIVE Suite, Apt. #, etc. SUITE 276 City & State ORLANDO, FL Zip 32819 Country USA
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01092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MCGRATH, WILLIAM P 16665 83RD PLACE N LOXAHATCHEE, FL 33470	7. Name and Address of New Registered Agent Name WILLIAM P. MCGRATH Street Address (P.O. Box Number is Not Acceptable) 5950 LAKEHURST DRIVE SUITE 276 City ORLANDO FL Zip Code 32819
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBERTO, SCOTT 340 LYNN STREET OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGRATH, WILLIAM P 16665 83RD PLACE N LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM P. MCGRATH 1422 LAKEHURST LANE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: William P McGrath 1-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #