


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000113285	
1. Entity Name BEST FOR LESS PEST CONTROL, INC.	

Principal Place of Business 1950 COLLIER AVE. FT. MYERS, FL 33901	Mailing Address 1950 COLLIER AVE. FT. MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1076727	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PINEDA, RODOLFO 1950 COLLIER AVE. FT. MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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: 	RODOLFO PINEDA / PRESIDENT	3/22/2006
<small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		<small>DATE</small>

**FILE NOW!!! FEE IS \$150.00
After Mar 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINEDA, RODOLFO 1950 COLLIER AVE. FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINEDA, TONI 1950 COLLIER AVE. FT. MYERS, FL 33901
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/06-80075-006 158.75

**DO NOT WRITE
IN THIS SPACE**

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 in 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: 	3/22/06	239-939-2490
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>