


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90017 025 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # P02000001868</b>                             |  |
| 1. Entity Name<br><b>D J CUNNINGHAM PEST CONTROL, INC.</b> |   |

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|--|---|
| Principal Place of Business<br><b>2554 WEBB AVE #8<br/>DELRAY BEACH FL 33444</b> | Mailing Address<br><b>2309 NW 15TH WAY, #490<br/>BOYNTON BCH FL 33436</b> |
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| 2. Principal Place of Business<br><b>6774 WESTVIEW DR.</b> | 3. Mailing Address<br><b>6774 WESTVIEW DR.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

1st MOORE CR2E034 (10/05)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>LANTANA FL</b> | City & State<br><b>LANTANA FL</b> |
| Zip<br><b>33462</b>               | Country<br><b>FLORIDA</b>         |

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| 4. FEI Number<br><b>80-0021496</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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| 6. Name and Address of Current Registered Agent<br><b>CUNNINGHAM, DONALD J<br/>2309 NW 15TH WAY, #490<br/>BOYNTON BCH FL 33436</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>DONALD J. CUNNINGHAM</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>6774 WESTVIEW DR.</b><br>City <b>LANTANA</b> FL Zip Code <b>33462</b> |  |

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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 <i>Donald J. Cunningham</i>   | DATE |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>CUNNINGHAM, DONALD J<br>2309 NW 15TH WAY, #490<br>BOYNTON BCH FL 33436 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PSTD<br>CUNNINGHAM DONALD J<br>6774 WESTVIEW DR.<br>LANTANA FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |
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| SIGNATURE: <i>Donald J. Cunningham</i> | Date: <i>2/1/06</i> | Daytime Phone #: <i>561-296-3924</i> |
|--|---------------------|--------------------------------------|