2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000020651

1. Entity Name
AZTEC PEST MANAGEMENT INC.

Principal Place of Business	Mailing Address
6534 SE 168TH CT, OCKLAWAHA, FL 32179	PO BOX 761 SILVER SPRINGS, FL 34489

DO NOT WRITE IN THIS SPACE

02222006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
75-3009152	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREER, RALPH
6534 SE 168TH CT.
OCKLAWAHA, FL 32179

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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_____

Signature, typed or printed name of registered agent and title if applicable   (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. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PVTD
NAME	GREER, RALPH
STREET ADDRESS	6534 SE 168TH CT
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Ralph Greer* RALPH GREER   21 MAR 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #