2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P02000045543

Entity Name: COBY'S TERMITE & PEST CONTROL, INC.

Current Principal Place of Business:

2140 SUNNYDALE BLVD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2140 SUNNYDALE BLVD
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 42-1534911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCONNELL, COBY S
2834 TRAILWOOD COURT
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCONNELL, COBY
Address: 2834 TRAILSWOOD CT
City-St-Zip: CLEARWATER, FL 33761

Title: DP ( ) Delete
Name: MCCONNELL, PAMELA
Address: 2834 TRAILWOOD CT
City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete
Name: FOLSON, FRAN
Address: 432 WEXFORD LANE BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete
Name: WELCH, GEORGE
Address: 4925 LITRA LN
City-St-Zip: CHARLOTTE, NC 38262

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COBY MCCONNELL P 04/28/2007

Electronic Signature of Signing Officer or Director — Date