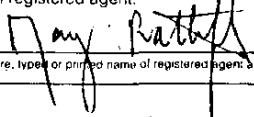
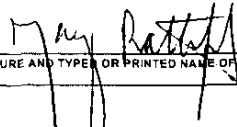


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90090 040 \*\*\*150.00

<b>DOCUMENT # P02000046303</b>					
<b>1. Entity Name</b> JAY'S PEST CONTROL, INC.					
<b>Principal Place of Business</b> 222 INDUSTRIAL BLVD 127 NAPLES, FL 34104			<b>Mailing Address</b> 222 INDUSTRIAL BLVD 127 NAPLES, FL 34104		
<b>2. Principal Place of Business - No P.O. Box #</b> 320 17TH ST. N.W.		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> NAPLES, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 03-0440566	
<b>Zip</b> 34120		<b>Country</b> COLLIER		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RATLIFF, JAY 7719 HERNANDO CT NAPLES, FL 34114			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> 				<b>DATE</b> 4-28-07	
Signature, type or printed name of registered agent, and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PSTD	<b>NAME</b> RATLIFF, JAY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 7719 HERNANDO CT	320 17TH ST. NW.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> NAPLES, FL 34114	34120				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> 				<b>JAY RATLIFF</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>4-28-07</b>	
Date				Daytime Phone #	

40108611



02032007 Chg-P CR2E034 (12/06)