



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000103588 1. Entity Name BROOKER PEST CONTROL, INC.						FILED 07 MAY 15 AM 9:44 CLERK OF THE COURT JUDICIAL CIRCUIT IN AND FOR FLORIDA	
Principal Place of Business 20994 COUNTY ROAD 237 BROOKER, FL 32622				Mailing Address 20994 COUNTY ROAD 237 BROOKER, FL 32622			
2. Principal Place of Business - No P.O. Box # 20994 County Road 237 Suite, Apt. #, etc.		3. Mailing Address 20994 County Road 237 Suite, Apt. #, etc.					
City & State Brooker, FL		City & State Brooker, FL		4. FEI Number 50-0006391		Applied For <input type="checkbox"/> Not Applicable	
Zip 32622	Country USA	Zip 32622	Country USA	5. Certificate of Status Desired XX \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLANTON, JAMES D 20994 COUNTY ROAD 237 BROOKER, FL 32622				7. Name and Address of New Registered Agent Name Brian Aurilio Street Address (P.O. Box Number is Not Acceptable) 20994 County Road 237 City Brooker FL 32622			
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: <u><i>Brian Aurilio</i></u> 5-1-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANTON, JAMES D <input checked="" type="checkbox"/> Delete 20994 C.R. 237 BROOKER, FL 32622			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Aurilio, Brian 20994 CR 237 Brooker, FL 32622		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Aurilio, Robin M. 20994 CR 237, Brooker, FL 32622		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 100103506581 05/31/07--01022--018 **70.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Brian Aurilio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>5-1-07</u> <small>Daytime Phone #</small>			