2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P02000103588 1. Entity Name BROOKER PEST CONTROL, INC.				FILED 07 MAY 15 AM 9: 44		
Principal Plac	e of Business	Mailing Address				
	NTY ROAD 237	20994 COUNTY ROAD 237 BROOKER, FL 32622	7	1. Beach, Clarking		
•	Place of Business - No P.O. Box #	3. Mailing Address				
20994	County Road 237	20994 County	Road 237	, , , , , , , , , , , , , , , , , , ,		
Suite, Apt.		Suite, Apt. #, etc.		04242007 Chg-P CR2E034 (12/06)		
City & State Brooker, FL		City & State Brooker, FL		4. FEI Number Applied For 50-0006391 Not Applicate		
Zip 32622	Country	Zip	Country	5. Certificate of Status Desired XX \$8.75 Additional		
32622	USA	32622	USA	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name	- 121		
BLANTON, JAMES D 20994 COUNTY ROAD 237 BROOKER, FL 32622				Brian Aurilio Street Address (P.O. Box Number is Not Acceptable) 20994 County Road 237		
			City	Brooker FL Zio Code 32622		
B. The above				Brooker FL 32622		
the obliga	ions of registered agent.	or the purgose of changing its reg	istered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and acce		
v ss.iiga	54400			5-1-07		
SIGNATURE.	Due Co	wu		5 1-01		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE Rog	gistered Agent signature r	required when reinstating) DATE		
Ап	ended AR is \$61.25	9. Election Campaign i Trust Fund Contribu		\$5.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	XX Delete	TITLE	President X Change Additi		
NAME	BLANTON, JAMES D		NAME	Aurilio, Brian		
STREET ADDRESS	20994 C.R. 237		STREET ADDRESS	•		
CITY-ST-ZIP	BROOKER, FL 32622		CITY-ST-ZIP	20994 CR 237 Brooker, FL 32622		
TITLE		☐ Delete	TITLE			
NAME		22 00 000	NAME	VICE II COI COIL		
STREET ADDRESS			STREET ADDRESS	Aurilio, Robin M.		
CITY-ST-ZIP			CITY-ST-ZIP	20994 CR 237, Brooker, FL 32622		
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NAME		EES DEIGE	NAME			
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NAME		□ Beliete	NAME	Change Modell		
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	Certify that the information available in	this filing does not available to				
indicaled	on this report of supplemental report (titue and accurate and that my s	ionature shall bave	e the same legal effect as if made under oath; that I am an officer or discoun-		
STREET ADDRESS CITY - ST - ZIP 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 suppliantal 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 fustee 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:						
SIGNAT	TIPE: /) /s ~ (il with		5 -/-0/		
SIGNAL		PRINTED NAME OF SIGNING OFFICER OR D		Date Dating Proce		