2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000132815

1. Entity Name

DEAD ON PEST ELIMINATION, INC.



Principal Place of Business

5335 STONE OAKS DR LAKELAND, FL 33811

Mailing Address

5335 STONE OAKS DR LAKELAND, FL 33811

FILED Jul 28, 2006 8:00 am **Secrétary of State**

07-28-2006 90033 048 ***150.00

401417671



07032006

No Chg-P

CR2E034 (11/05)

ĺ	4. FEI Number			Applied For
	02-0656880			Not Applicable
	5. Certificate of Status Desired	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typed or pringed barre of registered agent and title if applicable (NOTE Registered Agent signature required when renativing) DATE FILE NOW!!! FEE IS.\$150.00 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. Description of the prior notice. 10. OFFICERS AND DIRECTORS ITILE PD NAME WESCOMB, STEVEN SIREET ADDRESS 5335 STONE OAKS DR LAKELAND, FL 33811 ITILE NICHOLAS-WESCOMB, MOLLY SIREET ADDRESS CITY-S1-ZIP LAKELAND, FL 3381) ITILE NICHOLAS-WESCOMB, MOLLY SIREET ADDRESS CITY-S1-ZIP LAKELAND, FL 3381) ITILE NICHOLAS-WESCOMB, MOLLY LAKELAND, FL 3381)	* 1											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 OFFICERS AND DIRECTORS TITLE NAME WESCOMB, STEVEN SIREET ADDRESS CITY-SI-ZIP LAKELAND, FL 3381] P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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.											
FILE NOWIII FEE IS.\$150.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-S1-ZIP NAME NICHOLAS-WESCOMB, MOLLY S1-ZIP LAKELAND, FL 3381) 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	SIGNATURE											
Due by September 6, 2006 Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
TIILE PD NAME WESCOMB, STEVEN SIREET ADDRESS CITY-S1-ZIP LAKELAND, FL 33811 IIILE S NAME NICHOLAS-WESCOMB, MOLLY STREET ADDRESS CITY-S1-ZIP LAKELAND, FL 3381)	FILE NOW!!! FEE IS \$150.00				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
NAME WESCOMB, STEVEN SIREET ADDRESS CITY-S1-ZIP LAKELAND, FL 33811 IIILE S NAME NICHOLAS-WESCOMB, MOLLY SIREET ADDRESS CITY-S1-ZIP LAKELAND, FL 3381)	10.	OFFICERS AND DIRE	CTORS									
SIREEI ADDRESS CITY-S1-ZIP LAKELAND, FL 33811 IIILE NICHOLAS-WESCOMB, MOLLY 5 335 STONE ONLS DR LAKELAND, FL 33811 LAKELAND, FL 33811	TITLE	· -										
CITY-S1-ZIP LAKELAND, FL 33811 IIILE S NAME NICHOLAS-WESCOMB, MOLLY 5 3.35 STône OPUS DX CITY-S1-ZIP LAKELAND, FL 3381)	NAME											
IIILE S NICHOLAS-WESCOMB, MOLLY STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 3381)												
NAME NICHOLAS-WESCOMB, MOLLY STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 3381	CITY-\$1-ZIP	LAKELAND, FL 33811										
SIREEI ADDRESS CITY-SI-ZIP LAKELAND, FL 3381)	TITLE	S										
CITY-ST-ZIP LAKELAND, FL 3381)	NAME											
	1	5335 Stone ONUS DA										
TALE	CITY-ST-ZIP	LAKELAND, FL 3381										
	tare											
NAME	1											
STREET ADDRESS CITY - S1 - ZIP DO NOT WRITE					DO	NOT WRITE						
CITY-S1-ZIP DO NOT VVRITE	CIFY-ST-ZIP	·			DO	IAOI AAIVIIL						
IN THIS SPACE					IN '	THIS SPACE						
NAME	_				***	THIS OF AGE						
STREET ADDRESS												
CITY-ST-ZIP												
TITLE												
NAME CREST PROPER												
STREET ADDRESS CITY-ST-ZIP												
TIME .												
NAME CHOCK HOOFIEG	- 3											
STREET ADDRESS CITY-SI-ZIP	1											
12. Thereby certify that the information purplied with this filling does not explify for the granted in Charles 140. Standard in Charles 140. Stan												

increby 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: ¥

Way Malescand
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR