

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90029 019 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                              |                                                                                                                                                                                                                                |                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000016008</b><br>1. Entity Name<br>ALL ABOUT PEST CONTROL INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                              |                                                                                                                                                                                                                                |                                                                                          |  |
| Principal Place of Business<br>7800 LIGHTARD KNOT LANE<br>FT MYERS, FL 33905                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                                                              | Mailing Address<br>7800 LIGHTARD KNOT LANE<br>FT MYERS, FL 33905                                                                                                                                                               |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | 3. Mailing Address                                                                                           |                                                                                                                                                                                                                                |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | Suite, Apt. #, etc.                                                                                          |                                                                                                                                                                                                                                |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | City & State                                                                                                 |                                                                                                                                                                                                                                |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                                     | Zip                                                                                                          | Country                                                                                                                                                                                                                        | 4. FEI Number<br>59-3767390                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                              |                                                                                                                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                              |                                                                                                                                                                                                                                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>HENDRY, HARRY O ESQ<br>2242 MAIN ST<br>FT MYERS, FL 33901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |                                                                                          |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                                                              |                                                                                                                                                                                                                                |                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DPST<br>DALLAS FLINT, MILTON<br>7800 LIGHTARD KNOT LN<br>FT MYERS, FL 33905 |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | Secretary<br>Sarah Andrews<br>PO BOX 62158<br>FT MYERS FL 33906                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                             |                                                                                                              |                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                             |                                                                                                              |                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                             |                                                                                                              |                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                             |                                                                                                              |                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                             |                                                                                                              |                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                             |                                                                                                              |                                                                                                                                                                                                                                | <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 persons empowered. |                                                                             |                                                                                                              |                                                                                                                                                                                                                                |                                                                                          |  |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                              |                                                                                                                                                                                                                                |                                                                                          |  |
| <small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                                                              |                                                                                                                                                                                                                                |                                                                                          |  |