

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130332

**FILED
Jan 06, 2006
Secretary of State**

Entity Name: ED'S PEST CONTROL, INC.

Current Principal Place of Business:

490 SW 63RD AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

490 SW 63RD AVE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 56-2413695 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TERRELL, TYRONE A
Address: 490 SW 63 RD AVE
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: GUERRIERI, DANIEL
Address: 596 ABINGDON WAY
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC. (X) Change () Addition
Name: TERRELL, TAIMIR SEC/TRE
Address: 490 SW 63RD AVENUE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TY TERRELL

PRES

01/06/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date