2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90044 022 ***150.00

DOCUMENT # P04000026448

1. Entity Name
GATOR TERMITE & PEST CONTROL, INC.

Principal Place of Business	Mailing Address
31049 ELOIAN ROAD ZEPHYRHILLS, FL 33544	31049 ELOIAN ROAD ZEPHYRHILLS, FL 33544

01182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
12737 Hicks Rd		SAme	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State: Hudson		City & State	
Zip: 34669	Country: USA	Zip	Country: PASCO

4. FEI Number: 20-0725736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEEN, JERRY 31049 ELOIAN ROAD ZEPHYRHILLS, FL 33544	Name: Lucas, Raymond Street Address (P.O. Box Number is Not Acceptable): 12737 Hicks Rd City: Hudson FL Zip Code: 34669

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 [signature] 1-18-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 KEEN, JERRY 31049 ELOIAN ROAD ZEPHYRHILLS, FL 33544	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lucas, Raymond D. Jr 12737 Hicks Rd Hudson, FL 34669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUCAS, RAYMOND D JR. 4421 POCAHONTAS DRIVE DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1-18-06 813-267-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #