


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000091275</b> 1. Entity Name <b>GOLIATH PEST CONTROL, INC.</b>	
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Principal Place of Business <b>2260 ALTON RD DELTONA, FL 32738</b>	Mailing Address <b>PO BOX 390158 DELTONA, FL 32739-0158</b>
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**DO NOT WRITE IN THIS SPACE**



07042006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1217944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LAMB, RICHARD K JR 2260 ALTON RD DELTONA, FL 32738</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 RICHARD K LAMB 7-5-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LYNCH, PATRICK C 2863 ARAGON TERR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAMB, RICHARD K JR 2260 ALTON RD DELTONA, FL 32738
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07/11/06-80021-022-150.00

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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: Patrick Lynch 7-5-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #