

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 035 ***150.00

DOCUMENT # P05000037711

1. Entity Name
PRO-CARE PEST SERVICES INC.



Principal Place of Business
3431 S HIGHLANDS AVE
INVERNESS, FL 34452

Mailing Address
PO BOX 642
INVERNESS, FL 34451

50006640



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01182006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3812072 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

DIXON, KEVIN K
KEVIN K. DIXON, P.A.
151 E HIGHLAND BLVD
INVERNESS, FL 34452

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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 ☐ Delete
STREET ADDRESS CITY-STATE-ZIP
PST EGBERT, DONALD B
3431 S HIGHLANDS AVE
INVERNESS, FL 34452

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-STATE-ZIP

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: *Don B Egbert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-2006 352-726-6022
Date Daytime Phone #