2006 FOR PROFIT CORPORATION

ANNUAL REPORT

changed, or on an attachn

SIGNATURE:



FILED

Jul 25, 2006 8:00 am Secretary of State

Daytime Phone #

07-25-2006 90023 001 ***150 00 DOCUMENT # P05000046279 1. Entity Name S&S NUISANCE HOG REMOVAL, INC. 4Uluvi. Principal Place of Business Mailing Address 15636 LAZY D RANCH ROAD TEMPLE H. DRUMMOND, ESO DADE CITY, FL 33523 6325 JACQUELINE ARBOR DR TEMPLE TERRACE, FL 33617 2. Principal Place of Business 3. Mailing Address 328 West Suite, Apt. #, etc. 07182006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For Flo-189 20-2523230 lampa Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRUMMOND, TEMPLE H ESQ Street Address (P.O. Box Number is Not Acceptable) 6325 JACQUELINE ARBOR DR TEMPLE TERRACE, FL 33617 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 lemple. Dermono SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition DAVENPORT, SHANE A NAME NAME 15636 LAZY D RANCH ROAD STREET ADDRESS STREET ADDRESS DADE CITY, FL 33523 CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE DAVENPORT, SABRINA A NAME 15636 LAZY D RANCH ROAD STREET ADDRESS STREET ADDRESS DADE CITY, FL 33523 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 regimer 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

with all other like empowered

EAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR