


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90236 003 ***150.00

DOCUMENT # P05000083617 1. Entity Name NATIVE FLORIDIAN PEST & TERMITE SOLUTIONS, INC.					
Principal Place of Business 800 W. CYPRESS CREEK ROAD SUITE 470 FORT LAUDERDALE, FL 33309			Mailing Address 3 ALMOND PASS DRIVE OCALA, FL 34472		
2. Principal Place of Business 800 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. SUITE 465		3. Mailing Address Suite, Apt. #, etc. City & State FORT LAUDERDALE, FL			
City & State FORT LAUDERDALE, FL		City & State 		4. FEI Number 59-3808979	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W. CYPRESS CREEK RODA 470 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK ROAD SUITE 470 City FORT LAUDERDALE FL Zip Code 33309	
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. <input type="checkbox"/> \$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, D STUCK, DREW H 3 ALMOND PASS DRIVE OCALA, FL 34472		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Drew Stuck</i></u> DREW STUCK PRES 4.30.06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					