2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111960

Entity Name: TRI-COUNTY PEST CONTROL SOUTH, INC.

FILED Jul 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7700 ST JOHNS RD LAND O' LAKES, FL 34638

Current Mailing Address: New Mailing Address:

7700 ST JOHNS RD LAND O' LAKES, FL 34638

FEI Number: 54-2182569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CBEWINS, CARL M

1001 SE 36TH TERR

CAPE CORAL, FL 33904 US

CHEWINS, CARL M

1001 SE 36TH TERR.

CAPE CORAL, FL 33904 US

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.

SIGNATURE: CARL M CHEWINS 07/03/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: BAKER, CHARLES Name: BAKER, CHARLES
Address: 3633 MORGAN BLUFFS CT
City-St-Zip: LAND O' LAKES, FL 04634

Name: BAKER, CHARLES
Address: 3633 MORGAN BLUFFS CT
City-St-Zip: LAND O' LAKES, FL 04634

City-St-Zip: LAND O' LAKES, FL 04639

Title: ST () Delete Title: ST (X) Change () Addition

Name: BAKER, MARIA Name: BAKER, MARIA

Address: 3633 MORGAN BLUFFS CT Address: 3633 MORGAN BLUFFS CT City-St-Zip: LAND O' LAKES, FL 34634 City-St-Zip: LAND O' LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES F BAKER P 07/03/2006