


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90027 028 ***150.00

DOCUMENT # P06000037711	
1. Entity Name COMMERCIAL PEST CONSULTANTS, INC.	

Principal Place of Business 709/B BROOKHAVEN DRIVE ORLANDO FL 32803	Mailing Address 709/B BROOKHAVEN DRIVE ORLANDO FL 32803
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2. Principal Place of Business - No P.O. Box # 590 N. Semoran Blvd Suite, Apt. #, etc.	3. Mailing Address 590 N. Semoran Blvd Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Orlando FL	City & State Orlando FL
Zip 32807	Zip 32807
Country Orange	Country Orange

4. FEI Number 55# 265 33 2629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOETZ, GREG 709/B BROOKHAVEN DRIVE ORLANDO FL 32803
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7. Name and Address of New Registered Agent Name: Name is same Street Address (P.O. Box Number is Not Acceptable) 590 N. Semoran Blvd City: Orlando FL Zip Code: 32807
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOETZ, GREG 1587 ARROWROOT PLACE OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4-27-07 407 257 9517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #