
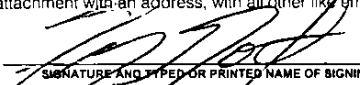


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90017 003 \*\*\*150.00

<b>DOCUMENT # P06000037711</b> 1. Entity Name <b>COMMERCIAL PEST CONSULTANTS, INC.</b>					
Principal Place of Business <b>590 N. SEMORAN BLVD ORLANDO, FL 32807</b>			Mailing Address <b>590 N. SEMORAN BLVD ORLANDO, FL 32807</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-5332129</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOETZ, GREG 590 N. SEMORAN BLVD ORLANDO, FL 32807</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	
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.					
<b>SIGNATURE:</b> 			Greg Goetz 8-1-08 4072498111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



ATTACHMENT

40113048

# P06000037711

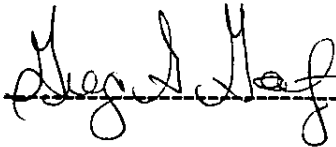
G.A.G. PEST CONTROL, INC.  
590 S. SEMORAN BLVD. SUITE 200  
ORLANDO, FL.32807  
PH. 407-249-8111 FAX 407-249-8050

07/29/08

To whom it may concern:

This letter is to inform all parties that Commercial Pest Consultants Inc.. REF.  
# P06000037711 did not receive proper documents of Division of Corporation  
for the reason of change of address was not forwarded to Commercial Pest  
Consultants Inc. for the completed annual report.

Thank you  
Greg A. Goetz

A handwritten signature in cursive script, appearing to read "Greg A. Goetz", is written over a horizontal dashed line.

Letter # 508A00042504