


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90026 050 ***150.00

DOCUMENT # P06000080194 1. Entity Name TOTAL PEST SOLUTIONS INC			
Principal Place of Business 709 OLD POLK CITY ROAD POLK CITY, FL 33868 US		Mailing Address 709 OLD POLK CITY ROAD POLK CITY, FL 33868 US	
2. Principal Place of Business - No P.O. Box # 709 Old Polk City Road		3. Mailing Address 709 Old Polk City Road	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lake Alfred, FL		City & State Lake Alfred, FL	
Zip 33850		Zip 33850	
Country Polk		Country Polk	
4. FEI Number 20-5028317		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURDEN, RANDALL 709 OLD POLK CITY ROAD POLK CITY, FL 33868		7. Name and Address of New Registered Agent Name Durden, Randall Street Address (P.O. Box Number is Not Acceptable) 709 Old Polk City Road City Lake Alfred FL Zip Code 33850	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 DURDEN, RANDALL 709 OLD POLK CITY ROAD POLK CITY, FL 33868 <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 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: <i>Randall Durden</i> Randall Durden Pres.		4/6/07 863-585-3636	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>	