

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103934

FILED
May 03, 2007
Secretary of State

Entity Name: TRAILS END PEST CONTROL, CO.

Current Principal Place of Business:

25355 NW 8TH PLACE
#40
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

C/O JULIE GEARY
5479 SE 44 LOOP
TRENTON, FL 32693 US

New Mailing Address:

FEI Number: 75-3220314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEARY, JULIE A
5479 SE 44 LOOP
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

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: _____

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:

Title: P () Delete
Name: GEARY, JULIE A
Address: 5479 SE 44 LOOP
City-St-Zip: TRENTON, FL 32693 US

Title: CEO () Delete
Name: GEARY, JULIE A
Address: 5479 SE 44 LOOP
City-St-Zip: TRENTON, FL 32693 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JULIE A. GEARY

MS.

05/03/2007

Electronic Signature of Signing Officer or Director

_____ Date