

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000109630

1. Entity Name  
SUPERIOR III PEST CONTROL SERVICES INC



Principal Place of Business  
1091 NW MERSHON ST  
LAKE CITY, FL 32055

Mailing Address  
1091 NW MERSHON ST  
LAKE CITY, FL 32055

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02042007 Chg-P CR2E034 (12/06)

4. FEI Number  
*20-542 7893*

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOHRN, JAY P  
1091 NW MERSHON ST  
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DOHRN, JAY P  
STREET ADDRESS 1091 NW MERSHON ST  
CITY-ST-ZIP LAKE CITY, FL 32055

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  Change  Addition  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22107

Date

Daytime Phone #