


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P94000040712</b><br>1. Entity Name<br><b>WARD PEST CONTROL SERVICES, INC.</b> |  |
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| Principal Place of Business<br><b>473 SE VERADA AVENUE<br/>PORT SAINT LUCIE, FL 34983 US</b> | Mailing Address<br><b>473 SE VERADA AVENUE<br/>PORT SAINT LUCIE, FL 34983 US</b> |
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03102008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>65-0495321</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

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| 6. Name and Address of Current Registered Agent<br><br><b>SIMMONS, EVETT L<br/>145 NW CENTRAL AVE<br/>PORT SAINT LUCIE, FL 34986</b> |
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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.

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|--|--|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>U000000854792<br/>03/27/08-80022-022 150.00</b> |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>WARD, JAMES T<br/>473 SE VERADA AVENUE<br/>PORT SAINT LUCIE, FL 34983</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VST<br/>WARD, JACQUELINE J<br/>473 SE VERADA AVENUE<br/>PORT SAINT LUCIE, FL 34983</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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.

|   |                     |                                |
|---|---------------------|--------------------------------|
| <b>SIGNATURE:</b> <i>Jacqueline J Ward</i> - Jacqueline J Ward <b>3-3-08</b> <b>772-343-7913</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---------------------|--------------------------------|