FILED
Mar 02, 2006 8:00 am
Secretary of State

01-19-2006 90077 009 ***150.00
03-02-2006 90013 018 *****8.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000051379

1. Entity Name
GATOR PEST CONTROL, INC.

40022833

Principal Place of Business	Mailing Address
1901 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935 US	1901 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935 US

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2340 Miller Cove Rd.	P.O. Box 360836
Suite, Apt. #, etc.	Suite, Apt. #, etc. -0836
City & State: Palm Shores, FL	City & State: Melbourne FL
Zip: 32940 Country: USA	Zip: 32936-0836 Country: USA

4. FEI Number: 59-3252115 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLAVERDE, AGUSTIN 1901 U.S. 1 NORTH MELBOURNE, FL 32935	Name: Agustin Villaverde President Street Address (P.O. Box Number is Not Acceptable): 2340 Miller Cove Rd. City: Palm Shores FL Zip Code: 32940

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] President 1-16-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D VILLAVERDE, AGUSTIN 3345 KENT DR MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] President 1-16-06 (321) 253-11[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #