2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # P94000071897 GEST PEST CONTROL, INC. Principal Place of Business Mailing Address 1607 9TH STREET WEST 1607 9TH STREET WEST PALMETTO, FL 34221 PALMETTO, FL 34221 03152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0528348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GEST, JAMES C 1607 9TH STREET WEST PALMETTO, FL 34221 IN THIS SPACE 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 reinstating) U00000836393 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/25/08-80030-018 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GEST, JAMES C NAME 1607 9TH STREET WEST STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY - ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED