

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090024

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: CERTIFIED PEST SERVICES, INC.

## Current Principal Place of Business:

2318 BRONCO DR  
SAINT CLOUD, FL 34771 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 700365  
SAINT CLOUD, FL 347700365 US

## New Mailing Address:

FEI Number: 59-3283011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SNAIL, CHARLES J  
2318 BRONCO DR  
SAINT CLOUD, FL 34771 US

## Name and Address of New Registered Agent:

SMAIL, CHARLES J  
2318 BRONCO DR  
SAINT CLOUD, FL 34771 US

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: CHARLES SMAIL

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMAIL, CHARLES J  
Address: 2318 BRONCO DR  
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP ( ) Delete  
Name: SMAIL, G  
Address: 2318 BRONCO DR  
City-St-Zip: SAINT CLOUD, FL 34771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: SMAIL, GINA  
Address: 2318 BRONCO DR  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES J. SMAIL

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date