

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020746

Entity Name: THE PEST DETECTIVE, INC.

FILED  
Jul 11, 2006  
Secretary of State

## Current Principal Place of Business:

1089 ATLANTIC BLVD  
#8  
ATLANTIC BEACH, FL 32233

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 331389  
ATLANTIC BEACH, FL 32233

## New Mailing Address:

FEI Number: 59-3301086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKINDLES, NORMAN P JR.  
1089 ATLANTIC BLVD.  
#8  
ATLANTIC BEACH, FL 32233 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MCKINDLES, NORMAN P. JR PRES  
Address: 707 CHERRY ST  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: V ( ) Delete  
Name: MELLON, JOSEPH VP  
Address: 8172 LADOGA AVE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP ( ) Delete  
Name: MCKINDLES, SUSAN VP  
Address: 707 CHERRY ST.  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: VP (X) Delete  
Name: MULLINS, CECIL F VP  
Address: 448 LAKE ASBURY DR.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROCKY MCKINDLES

PRES

07/11/2006

Electronic Signature of Signing Officer or Director

Date