2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# P95000046871

Entity Name: ABC PEST CONTROL OF PASCO, INC.

Current Principal Place of Business:

823O MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

823O MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3342119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOVAN, MARK
8828 LAUREL DR
PINELLAS PARK, FL 33782 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOVAN, MARK
Address: 8828 LAUREL DR
City-St-Zip: PINELLAS PARK, FL 33782

Title: T ( ) Delete
Name: GOVAN, KATHLEEN M
Address: 8828 LAUREL DR
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP ( ) Delete
Name: GOVAN, JOHN F
Address: 220 BELLEVIEW BLVD. #609
City-St-Zip: BELLEAIR, FL 34616

Title: S ( ) Delete
Name: GOVAN, ROBERTA J
Address: 220 BELLEVIEW BLVD. #609
City-St-Zip: BELLEAIR, FL 34616

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: MARK T. GOVAN PRES 01/17/2006

Electronic Signature of Signing Officer or Director — Date