

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000065777		
1. Entity Name ECOPEST TERMITE AND PEST CONTROL, INC.		
Principal Place of Business 6802 NW 18TH DRIVE GAINESVILLE, FL 32653 US	Mailing Address P.O. BOX 5626 GAINESVILLE, FL 32627 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MACWILLIAMS, DAVID C 6802 N 18TH DRIVE GAINESVILLE, FL 32653		<div style="text-align: center; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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. <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE: <u>David C. MacWilliams</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div><div style="width: 35%;">DATE: <u>1/30/07</u></div></div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PT	
NAME	MACWILLIAMS, DAVID C	
STREET ADDRESS	6802 NW 18TH DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	VPS	
NAME	MACWILLIAMS, MARCIA L.	
STREET ADDRESS	6802 NW 18TH DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE: <u>David C. MacWilliams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="width: 35%;">DATE: <u>1/30/07</u> <small>Daytime Phone # <u>352-375-1338</u></small></div></div>		