

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075541

FILED
Apr 28, 2006
Secretary of State

Entity Name: COX PEST CONTROL, INC.

Current Principal Place of Business:

1432 NE WYANE S
ARCADIA, FL 34266 US

New Principal Place of Business:

1394 NE WAYNE ST
ARCADIA, FL 34266 US

Current Mailing Address:

P.O. BOX 2370
PLANT CITY, FL 33564 US

New Mailing Address:

PO BOX 71
ARCADIA, FL 34265 US

FEI Number: 65-0638549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, PAUL W
5344 PROVAU AVENUE
ARCADIA, FL 34266 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: DP () Delete
Name: COX, PAUL WARREN
Address: 39 ELVERANO AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: DS (X) Delete
Name: WELLS, DAN G
Address: 505 N. ARCADIA AVENUE
City-St-Zip: ARCADIA, FL 33821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COX, PAUL WARREN
Address: 5433 SW PROVAU AVE
City-St-Zip: ARCADIA, FL 34266

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: PAUL W. COX

MRGM

04/28/2006

Electronic Signature of Signing Officer or Director

Date