

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000025050

Entity Name: PEST AUTHORITY, INC.

**FILED**  
**May 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3801 POLUMBO DR  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

P.O. BOX 393  
VALRICO, FL 33509 US

FEI Number: 59-3374192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDERS, WALTER  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 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

**OFFICERS AND DIRECTORS:**

Title: SV ( ) Delete  
Name: WARREN, ANNABELLE M  
Address: 3801 POLUMBO DR  
City-St-Zip: VALRICO, FL 33594

Title: P ( ) Delete  
Name: WARREN, JAMES J  
Address: 3801 POLUMBO DR  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WARREN, ANNABELLE M  
Address: 3801 POLUMBO DR  
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Change ( ) Addition  
Name: WARREN, FALLON F  
Address: 3801 POLUMBO DR  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify 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: ANNABELLE M. WARREN

P

05/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date