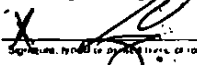
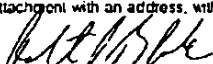


FILED
Jun 05, 2007 8:00 am
Secretary of State

04-17-2007 90059 047 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR).

DOCUMENT # P96000047496			
1. Entity Name BLAKE PEST CONTROL, INC.			
Principal Place of Business 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984		Mailing Address 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984	
2. Principal Place of Business - No P.O. Box *		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BLAKE, ROBERT 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984		4. FEI Number 65-0671788 Applied For ☐ Not Applicable ☐ 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name LOUIS CAPUTO Street Address (P.O. Box Number is Not Acceptable) 1682 SW SCHUEZCKER LANE City PORT ST. LUCIE FL Zip Code 34984			
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.			
SIGNATURE  (NOTE: If registered agent signature is required, attach separate signature.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP D BLAKE, ROBERT 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP PRESIDENT ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP D BLAKE, TISH 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP LOUIS CAPUTO 1682 SW SCHUEZCKER LANE PORT ST. LUCIE, FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP VICE PRESIDENT ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
SIGNATURE:  ROBERT A. BLAKE		4/8/07 772-879-0215	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	