2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR),

FILED
Jun 05, 2007 8:00 am
Secretary of State
04-17-2007 90059 047 ***150.00

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DOCUMENT # P96000047496

1. Entity Name
BLAKE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
1749 SW VICTOR LANE PORT ST. LUCIE FL 34984	1749 SW VICTOR LANE PORT ST. LUCIE FL 34984

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / Country

4. FEI Number 65-0671788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAKE, ROBERT 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984	Name Louis Capito Street Address (P.O. Box Number is Not Acceptable) 1682 SW Schleicher 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 X
Signature, if any, of new registered agent (if applicable) (NOTE: Registered Agent signature required when necessary) Date

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-ST-ZIP	D BLAKE, ROBERT 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLAKE, TISH 1749 SW VICTOR LANE PORT ST. LUCIE FL 34984	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Louis Capito 1682 SW Schleicher Lane Port St. Lucie, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #