

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jun 05, 2006 8:00 am
Secretary of State**

06-05-2006 90146 016 ***150.00

DOCUMENT # P96000087195		
1. Entity Name PROGRESSIVE PEST CONTROL, INC.		

Principal Place of Business 2555 GLENCOE FARMS RD. NEW SMYRNA BEACH, FL 32168 US	Mailing Address PO BOX 1374 EDgewater, FL 32132 US
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50020585

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

05162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3408884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, PARRY K 2555 GLENCOE FARMS ROAD NEW SMYRNA BEACH, FL 32168	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, PARRY KARL 2555 GLENCOE FARMS ROAD NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLLINS, TERESITA 2555 GLENCOE FARMS ROAD NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	5-25-06	386-4267875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #



ATTACHMENT
50020585
Division of Corporations

2006 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

This information cannot be changed on the report.	
Document Number	P96000087195
Business Entity Name	PROGRESSIVE PEST CONTROL, INC.
Original File Date	10/22/1996

FEI Number 59-3408884

Principal Address 2555 GLENCOE FARMS RD.
NEW SMYRNA BEACH, FL 32168 US

Mailing Address PO BOX 1374
EDGEWATER, FL 32132 US

Registered Agent PARRY K COLLINS
2555 GLENCOE FARMS ROAD
NEW SMYRNA BEACH, FL 32168 US

Officer/Director Name And Address

PD
PARRY KARL COLLINS
2555 GLENCOE FARMS ROAD
NEW SMYRNA BEACH, FL 32168

STD
TERESITA COLLINS
2555 GLENCOE FARMS ROAD
NEW SMYRNA BEACH, FL 32168

If all of the above
information is correct and
you do not wish to make any
changes, please select:

If you need to make changes
to the above information,
please select: