FILED
May 05, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000087195

1. Entity Name
PROGRESSIVE PEST CONTROL, INC.

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

DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3408884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000948282
05/02/08-80049-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLINS, PARRY KARL
STREET ADDRESS	2555 GLENCOE FARMS ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	STD
NAME	COLLINS, TERESITA
STREET ADDRESS	2555 GLENCOE FARMS ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Teresita Collins 4-30-08 (36) 426-7859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

4/24/08: JFW: cl