•2907 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P97000022773 04-19-2007 90211 045 ***150.00 PRO-TECH PEST CONTROL OF S.W. FLORIDA, INC. Principal Place of Business Mailing Address 3875 ARNOLD AVE PO BOX 9773 NAPLES FL 34104 NAPLES FL 34101 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3443368 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIZZOLO, JOHN 3875 ARNOLD AVE Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34104 City 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 r applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition PARROW, KEITH J. NAME. NAME 3370 5TH AVE NW: STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-7IP CITY - ST - ZIP VΡ HILE ☐ Delete THLE ☐ Addition RIZZOLO, JOHN Rizzola, JOHN NAME NAME 332 Spider lily land 940 14TH ST. SE STREET ADDRESS STREET ADDRESS NAPLES FL 34117 Daples FL 34119 CITY - ST - ZIP CHY-ST-7IP THE TITLE ☐ Delete Sec RetARY Change Addition NAME NAME Rizzolo, Justice 332 Spare Ky lane STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP NAPIES FL 34119 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete HILE TOTAL Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI - ZIP HILE ☐ Delele TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

12. Thereby 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 offect 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.

OFFICER OR DIRECTOR

SIGNATURE:

FILED