

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000060047
 1. Entry Name
 WEST PEST CONTROL OF CENTRAL FLORIDA, INC.



Principal Place of Business
 265 FORT SMITH BLVD.
 DELTONA, FL 32738-9237

Mailing Address
 265 FORT SMITH BLVD.
 DELTONA, FL 32738-9237

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3476174 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEEFFE, TIMOTHY F
 265 FORT SMITH BLVD
 DELTONA, FL 32738-9237

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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, 2006 Fee will be \$550.00

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

UD0000392352
 01/24/06-80076-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS KEEFFE, TIMOTHY F 1590 URBANA AVE, DELTONA, FL 32725
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: _____ Date: 1-13-06 Daytime Phone #: 386 574 5214