

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000063962**

1. Entity Name  
**PEST SOLUTIONS, INC.**



Principal Place of Business  
**8014 SE LEXINGTON N.  
 HOBE SOUND, FL 33455**

Mailing Address  
**P.O. BOX 1664  
 HOBE SOUND, FL 33475**



02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0774112</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SABATASO, CYNTHIA M  
 6381 SE PHILLIP BEND AVE  
 STUART, FL 34997**

**DO NOT WRITE  
 IN THIS SPACE**

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 *Cynthia M. Sabatasso*  
Signature, typed or printed name of registered agent and title if applicable.

2/8/06  
DATE

(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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>P PETERS, JOHN W 8014 SE LEXINGTON AVE HOBE SOUND, FL 33455</b>
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>V CAROTHERS, SHARI L 8014 SE LEXINGTON AVE HOBE SOUND, FL 33455</b>
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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 02/24/06-80033-009 150.00

**DO NOT WRITE  
 IN THIS SPACE**

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 807, 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: *Shari L. Carothers VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06 772 546-8910  
DATE Daytime Phone #