


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90051 001 \*\*\*150.00

DOCUMENT # P97000066715		
1. Entity Name PEST GUARD EXTERMINATING, INC.		

Principal Place of Business 273 SE NORFOLK BLVD STUART, FL 34997 US	Mailing Address 273 SE NORFOLK BLVD STUART, FL 34997 US
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2. Principal Place of Business 4962 Peppergrass ST. Suite, Apt. #, etc.	3. Mailing Address 4962 Peppergrass ST. Suite, Apt. #, etc.
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City & State middleburg Florida	City & State Middleburg Florida
Zip 32068	Zip 32068
Country CLAY	Country CLAY

40014570



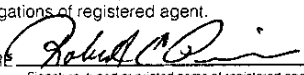
02022006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent PIERCE, ROBERT E 273 SE NORFOLK BOULEVARD STUART, FL 34997		7. Name and Address of New Registered Agent Name Robert E. Pierce Street Address (P.O. Box Number is Not Acceptable) 4962 Peppergrass ST City middleburg FL Zip Code 32068	
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4. FEI Number 65-0772306	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

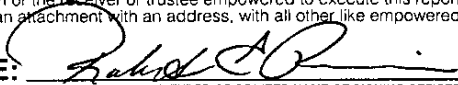
SIGNATURE  DATE 2-12-06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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	OPD PIERCE, ROBERT E 273 SW NORFOLK BLVD 4962 Peppergrass ST STUART, FL 34997 middleburg FL 32068 <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
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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:  DATE 2-12-06 DAYTIME PHONE # 904-226-4512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR