


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000096961 1. Entity Name BLUE RIBBON PEST SERVICES, INC.		
Principal Place of Business 12735 AGATITE RD. JACKSONVILLE, FL 32258 US		Mailing Address P O BOX 57923 JACKSONVILLE, FL 32241 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDGERTON, EVERETT W III 12735 AGATITE ROAD JACKSONVILLE, FL 32258		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 05/17/06-80092-011 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD EDGERTON, EVERETT W III 12735 AGATITE ROAD JACKSONVILLE, FL 32258	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD EDGERTON, MARSANE F 12735 AGATITE ROAD JACKSONVILLE, FL 32258	
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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: <u>Everett W Edgerton III President</u> 4/28/06 (904) 886-9050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3479534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required