


### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000071570</b> 1. Entity Name R.B.C. PEST CONTROL, INC	
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Principal Place of Business 2826 PALAMORE DR. TAMPA, FL 33618	Mailing Address 2826 PALAMORE DR. TAMPA, FL 33618
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02052007 No Cng-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number 59-3526304	Applied For Prior Approval
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX RUTH  
2826 PALAMORE DR.  
TAMPA, FL 33618

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of filing agent and fee if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

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

000000733591  
05/09/07-80092-017 150.00

9. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	OFFICER CCX, ROBERT 12725 CARTE DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVS COX, RUTH 12725 CARTE DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supporting report is true and accurate and that my signature shall have the same legal effect as if made under oath; that, an officer or director of the corporation or the receiver, trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an attachment, with an address, with all other, as appropriate.

SIGNATURE  DATE 4-23-07 813-368-1065

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR