## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000085534

City-St-Zip:

MIAMI, FL 33186

Entity Name: PIERCE PEST CONTROL, INC.

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10310 SW 136 COURT MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 10310 SW 136 COURT MIAMI, FL 33186 FEI Number: 65-0870369 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALLAHAN, J.R. 249 WESTWARD DRIVE MIAMI SPRINGS, FL 33166 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition PIERCE, MARVIN Name: Name: PIERCE, MARVIN 13700 SE 108TH STREET 21514 SW 128TH PL Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33177 Title: PD Title: () Change () Addition () Delete Name: MARTIN, STEVE Name: 10310 SW 136TH CT Address: Address: MIAMI, FL 33186 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition SD SD PIERCE, MARY SUSAN Name: PIERCE, MARY SUSAN Name: 13700 SW 108TH STREET 21514 SW/ 128TH PL Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33177 Title: TD ( ) Delete Title: () Change () Addition MARTIN, TAMRA LYNN Name: Name: Address: 10310 SW 136 CT. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TAMRA LYNN MARTIN TD 04/27/2007