## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2006 8:00 am Secretary of State

DOCUMENT # P99000012613  1. Entity Name KENDALL PEST CONTROL, INC.						02-06-2006 9	90058 007	***150	0.00
11700 S.W. 186TH STREET 1		Mailing Address 11700 S.W. 186TH ST MIAMI, FL 33177	11700 S.W. 186TH STREET			108 (8)16 <b>60</b> 50 K <b>2</b> 10 <b>86</b> 11	1 <b>44</b> 184 11848 (1748	eii <b>s</b> a 11 <b>545</b> 11	1881 IV 4881
Principal Place of Business 3.		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02032006	Chg-P	CR2E034		·· · · ·
City & State		City & State	City & State		4. FEI Number			<del></del>	plied For
Zip Country		Zip	Zip Country		65-0894 5. Certificate of			8.75 Add	
6. Name and Address of Current R		Pagistared Agent	<u> </u>			ddress of New R	t-e	e Require	<u> </u>
	O. Hanie and Address of Current	Kedistelen Affeitt		Name	7. Name and A	COLESS OF HEW K	afistalan wa	ant	
SANTIAGO, RAMON 11700 S.W. 186TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33177								
				City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or regist	ered agent, or both	in the State of Flo	orida. I am far	niliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature requir	red when reinstating)		DATE		<del></del>
	E NOW!!!_FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Camp. Trust Fund Cor			5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTOR	3 IN 11
TITLE	P SANTIAGO BANGNI	☐ Delete	TITL				[	Change	☐ Addition
NAME STREET ADDRESS	SANTIAGO, RAMON 11700 S.W. 186TH STREET		NAN STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33177		CITY	r-ST-ZIP					
TITLE NAME	V SANTIAGO, FABIAN	☐ Delete	TITL Nam				(	Change	☐ Addition
STREET ADDRESS	28501 SW 152 AVE, LOT 67			EET ADDRESS					
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY	r-ST-ZIP					-
TITLE NAME	T SANTIAGO, VENESSA	☐ Delete	TITL NAN				ſ	Change	Addition
STREET ADDRESS	· ·			EET ADDRESS					
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY	/-ST-ZIP					
TITLE NAME	S SANTIAGO, IDOLIDIA	☐ Delete	TITL Nax	1			[	Change	☐ Addition
STREET ADDRESS	11700 S.W. 186TH STREET			EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33177		CITY	/-ST-ZIP					
TITLE NAME		☐ Delete -	TITL NAM	i	_		[	Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			_	/-ST-ZIP					
TITLE NAME		☐ Delete	TITL	1				Change	Addition
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					,
indicated	certify that the information supplied with on this report or supplemental report i	n this tiling does not qualify t s true and accurate and that	ior ine ex my signa	emptions contain ture shall have the	ed in Unapter 119, e same legal effect	norida Statutes. I as if made under o	iurtner certify path: that I am	r inat the II n an officer	normation or director

2. Thereby certify that the information supplies with this liting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the mornation 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 otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAD OFFICER