2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # P99000044445 1. Entity Name BRIAN'S PERSONALIZED PEST CONTROL AND LAWN CARE, INC. Principal Place of Business Mailing Address 950 ALBRITTON WAY LAKE WALES FL 33853 P.O. BOX 1304 LAKE WALES FL 33859-1304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3587682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANBLARGAN, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 950 ALBRITTON WAY LAKE WALES FL 33853 City Zio Code 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 Signature typed or printed name of registered agent and title 4 applicable (NOTE, Pegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete TIFLE ☐ Change ☐ Addition TITLE VANBLARGAN, BRIAN J HAME NAME U0000055**4**176 STREET ADDRESS STREET ADDRESS 950 ALBRITTON WAY 05/15/06-80080-022 158.75 CITY-ST-ZIP 🐄 CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition TITLE DVS ☐ Delete TITLE Change | NAME VANBLARGAN, CLARA R NAME STREET ADDRESS STREET ADDRESS 950 ALBRITTON WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 Addition ☐ Dalete TITLE ☐ Change TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS ☐ Change

□ Addition

☐ Delete

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Light And Typed or Printed Plants of Signing Officer or Director Daysino Phone #