2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050433

WILSON, BRIAN D

WEBSTER, FL 33597

12427 CR 727

Name:

Address: City-St-Zip:

Entity Name: WILSON PEST MANAGEMENT SERVICES, INC.

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12428 CR 727 WEBSTER, FL 33597 **Current Mailing Address: New Mailing Address:** PO BOX 1208 WEBSTER, FL 33597 FEI Number: 59-3581503 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: WILSON, WILLIAM O WILSON, WILLIAM O 12428 CŔ 727 12428 CŔ 727 PO BOX 484 WEBSTER, FL 33597 US WEBSTER, FL 33597 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: 03/22/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILSON, SHIRLEY K Name: Name: PO BOX 484 Address: Address: City-St-Zip: WEBSTER, FL 33597 City-St-Zip: Title: DVT Title: () Change () Addition () Delete WILSON, WILLIAM O Name: Name: PO BOX 484 Address: Address: WEBSTER, FL 33597 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM O. WILSON DVT 03/22/2007