


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S17384 1. Entity Name MAC'S PEST CONTROL, INC.		
Principal Place of Business 19 MAYFIELD CIRCLE 32174D BCH, FL 32174 US		Mailing Address 19 MAYFIELD CIRCLE ORMOND BEACH, FL 32174
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M. ONE SE FIRST AVE. GAINESVILLE, FL 32601		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MC ALEENAN, ROBERT 19 MAYFIELD CIRCLE ORMOND BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MC ALEENAN, CAROL 19 MAYFIELD CIRCLE ORMOND BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		
SIGNATURE: <u>Carol L. Mc Aleenan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-27-06</u> <small>Date</small>



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3038388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

UN0000410504
02/09/06-80038-013 150.00

**DO NOT WRITE
IN THIS SPACE**