


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 031 ***150.00

DOCUMENT # S28399 1. Entity Name SANTA ROSA PEST CONTROL, INC.					
Principal Place of Business 7759 ERUDITION AVE. MILTON, FL 32583			Mailing Address 7759 ERUDITION AVE. MILTON, FL 32583 US		
2. Principal Place of Business Suite, Apt. #, etc. 3200 Samantha Drive City & State Cantonment, FL Zip 32533 Country USA			3. Mailing Address Suite, Apt. #, etc. 3200 Samantha Drive City & State Cantonment, FL Zip 32533 Country USA		
4. FEI Number 59-3055689			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILLIAMS, KENNETH E. 7759 ERUDITION AVE. MILTON, FL 32583			7. Name and Address of New Registered Agent Name Eugene D. Ham, Jr. Street Address (P.O. Box Number is Not Acceptable) 3200 Samantha Drive City Cantonment FL Zip Code 32533		
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: <u>Eugene D. Ham</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>02-28-06</u>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, SHIRLEY 7759 ERUDITION AVE. MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eugene D. Ham, Jr. 3200 Samantha Drive Cantonment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Eugene D. Ham</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <u>02-28-06</u> Daytime Phone #					