2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 28, 2007 08:00 AM DOCUMENT # S52041 **Secretary of State** COLLIER PEST CONTROL, INC. Principal Place of Business Mailing Address 1852 40 TERR SW PO BOX 990610 SUITE D NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0262028 Not Applicable Zip Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo DONOVAN, WILLIAM A., ESQ. Street Address (P.O. Box Number is Not Acceptable) 2664 AIRPORT RD, SOUTH NAPLES FL 34112 Zip Code City 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 Significial, typerfor printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. VTDS Change ☐ Addition Ш ☐ Defete TITLE HADLEY, SANDRA D. NAM NAMI U00000681081 3390 5TH AVE. NW STREET ADDRESS STRUCT ADDRESS NAPLES FL 04/04/07-80027-024 150.00 CHY-SF-7/P CHY-SI-7IP □ Change Addition □ Delete HIH HADLEY, PHILLIP 3390 5TH AVE N.W. STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-7IP CHY+SI-7IP Change THE Delete HILL ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST ZIE Delete HILL Addition STREEL ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-74P Delete ☐ Change ■ Addition 1014 NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Change Addition HILE Delete 11113 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-S1-7IP

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 eath; 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:

FILED