


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S56827</b> 1. Entity Name <b>GULF COAST EXTERMINATING OF THE KEYS, INC.</b>	
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Principal Place of Business <b>2606 FOGARTY AVE KEY WEST, FL 33040</b>	Mailing Address <b>2606 FOGARTY AVE KEY WEST, FL 33040</b>
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**DO NOT WRITE IN THIS SPACE**



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0267273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BAIRSTOW, MICHAEL PAUL  
2606 FOGARTY AVENUE  
KEY WEST, FL 33040**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAIRSTOW, MICHAEL PAUL 2606 FOGARTY AVE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAIRSTOW, IRMA BENITEZ 2606 FOGARTY AVE KEY WEST, FL
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07/18/06-80012-007 158.75

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: Michael P Bairstow 7/13/06 (305) 294-3494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #