

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90027 030 \*\*\*150.00

<b>DOCUMENT # S68505</b> 1. Entity Name <b>G.A.G. PEST CONTROL, INC.</b>			
Principal Place of Business <b>709 BROOKHAVEN DR. ORLANDO FL 32803 US</b>		Mailing Address <b>709 BROOKHAVEN DR. ORLANDO FL 32803 US</b>	
2. Principal Place of Business - No P.O. Box # <b>590 N. Semoran Blvd</b> Suite, Apt. #, etc. <b>100 &amp; 200</b> City & State <b>Orl Fla</b> Zip <b>32807</b> Country <b>Orange</b>		3. Mailing Address <b>590 N. Semoran Blvd</b> Suite, Apt. #, etc. <b>100 &amp; 200</b> City & State <b>Orlando Fla</b> Zip <b>32807</b> Country <b>Orange</b>	
4. FEI Number <b>59-3080038</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 <b>GOETZ GREG ALAN 1587 ARROW ROOT PLACE OVIEDO FL 32765</b>		7. Name and Address of New Registered Agent Name <b>Same name</b> Street Address (P.O. Box Number is Not Acceptable) <b>590 N. Semoran Blvd</b> <b>Suite 100 &amp; 200</b> City <b>Orlando FL</b> Zip Code <b>32807</b>	
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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO GOETZ, GREG 1587 ARROW ROOT PL OVIEDO FL 32765	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 807, 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-27-07</b>	