## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 Al Secretary of State DOCUMENT # S84977 1. Entity Name YOUNG PEST CONTROL OF TAMPA, INC. Mailing Address Principal Place of Business 2011 WEST PLATT STREET 2011 WEST PLATT STREET TAMPA, FL 33606 TAMPA, FL 33606 03082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3087765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, ROY T III DO NOT WRITE 2011 W PLATT ST TAMPA, FL 33606 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, typed or printed name of registered agent and file if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 05/13/06-80119-022 150.00 FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS CD TUTLE YOUNG, THOMAS R NAME 2011 W PLATT ST STREET ADDRESS TAMPA, FL CITY-ST-74P TITLE NAME STREET ADDRESS CHY-\$1-2(P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS C11Y-S1-ZIP TITLE STREET ADDRESS

12. Thereby 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.06

X13.251.025

Daytime Phone #

**FILED**