

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92256

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: RAPID PEST CONTROL, INC.

**Current Principal Place of Business:**

3015 CALVIN BLVD  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3015 CALVIN BLVD  
FT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 59-2620495      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILLIPS, JIM  
3015 CALVIN BLVD.  
FT. MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: PHILLIPS, JIM,  
Address: PO BOX 1286  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: T      ( ) Delete  
Name: SAHAGIAN, JOAN,  
Address: 3015 CALVIN BLVD  
City-St-Zip: FORT MYERS, FL 33901

Title: S      ( ) Delete  
Name: PHILLIPS, JOAN,  
Address: PO BOX 1286  
City-St-Zip: LEHIGH ACRES, FL 33970

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM PHILLIPS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V

04/26/2007

\_\_\_\_\_ Date