


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90191 020 ***158.75

DOCUMENT # V57941
 1. Entity Name
EAGLE PEST CONTROL OF HIGHLANDS COUNTY, INC.



Principal Place of Business
**10836 PAYNE RD.
 SEBRING, FL**

Mailing Address
**10836 PAYNE RD.
 SEBRING, FL**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
3998 EILAND DR

3. Mailing Address
 Suite, Apt. #, etc.
3998 EILAND DR


City & State
SEBRING, FL

City & State
SEBRING, FL

Zip
33875 Country
US

Zip
33875 Country
US

40085657



02062007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3139849

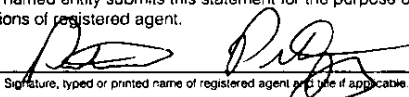
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GOARLEY, CHRISTI
 10836 PAYNE RD.
 SEBRING, FL 33872**

7. Name and Address of New Registered Agent
 Name
PATRICK PETRUZZI
 Street Address (P.O. Box Number is Not Acceptable)
3998 EILAND DR
 City
SEBRING FL Zip Code
33875

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.

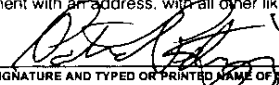
SIGNATURE  **PATRICK PETRUZZI (DIRECTOR)** 4/20/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOARLEY, CHRISTI		NAME	PATRICK PETRUZZI	
STREET ADDRESS	10836 PAYNE RD.		STREET ADDRESS	3998 EILAND DR	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	SEBRING, FL 33875	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOARLEY, JOHN		NAME		
STREET ADDRESS	10836 PAYNE RD.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR