

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004015

FILED  
Jun 26, 2007  
Secretary of State

Entity Name: DUKE'S ROOT CONTROL, INC.

**Current Principal Place of Business:**

1020 HIAWATHA BLVD. WEST  
SYRACUSE, NY 13204

**New Principal Place of Business:**

**Current Mailing Address:**

1020 HIAWATHA BLVD. WEST  
SYRACUSE, NY 13204

**New Mailing Address:**

FEI Number: 75-3026801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOGAN, MICHAEL  
Address: 1020 HIAWATHA BLVD. WEST  
City-St-Zip: SYRACUSE, NY 13204

Title: V ( ) Delete  
Name: ANDERSON, WILLIAM  
Address: 1020 HIAWATHA BLVD. WEST  
City-St-Zip: SYRACUSE, NY 13204

Title: ST (X) Delete  
Name: WOZNIAK, CONSTANCE  
Address: 1020 HIAWATHA BLVD. WEST  
City-St-Zip: SYRACUSE, NY 13204

Title: D (X) Delete  
Name: DUKE, KEVIN  
Address: 1020 HIAWATHA BLVD. WEST  
City-St-Zip: SYRACUSE, NY 13204

Title: D (X) Delete  
Name: MALAVENDA, ANTHONY  
Address: 1020 HIAWATHA BLVD. WEST  
City-St-Zip: SYRACUSE, NY 13204

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

Title: PTD (X) Change ( ) Addition  
Name: DUKE, KEVIN  
Address: 1020 HIAWATHA BLVD. WEST  
City-St-Zip: SYRACUSE, NY 13204

Title: VSD (X) Change ( ) Addition  
Name: MALAVENDA, ANTHONY  
Address: 1020 HIAWATHA BLVD. WEST  
City-St-Zip: SYRACUSE, NY 13204

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: AMY EHNES

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

POA

06/26/2007

\_\_\_\_\_ Date