

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28538

FILED
Jan 07, 2008
Secretary of State

Entity Name: HOSKINS PEST CONTROL, INC.

Current Principal Place of Business:

119 CORPORATION WAY
SUITE A
VENICE, FL 342841987 US

New Principal Place of Business:

Current Mailing Address:

119A CORPORATION WAY
P.O. BOX 1987
VENICE, FL 342841987 US

New Mailing Address:

FEI Number: 65-0064036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSKINS, HOWARD C.
119A CORPORATION WAY
VENICE, FL 34285 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: PD () Delete
Name: HOSKINS, HOWARD C.
Address: 633 W VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: VPD () Delete
Name: BETHAM, JON R
Address: 13348 BRONZE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: VPD () Delete
Name: MORGAN, MICHAEL O JR.
Address: 404 LONGBOW TRAIL
City-St-Zip: OSPREY, FL 34229 US

Title: SD () Delete
Name: STRICKLAND, MARY JO A
Address: 720 MYRTLE AVE.
City-St-Zip: VENICE, FL 34285 US

Title: TD () Delete
Name: WAELTER, VIRGINIA P
Address: 464 DUKE RD.
City-St-Zip: VENICE, FL 34293 US

Title: VPD () Delete
Name: PRICE, CASEY
Address: 633 W VENICE AVE.
City-St-Zip: VENICE, FL 34285 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOSKINS, HOWARD C.
Address: 720 MYRTLE AVE
City-St-Zip: VENICE, FL 34285

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

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

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

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

Title: VPD (X) Change () Addition
Name: PRICE, CASEY
Address: 2613 SIXTH STREET APT. F
City-St-Zip: SANTA MONICA, CA 90405 US

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: HOWARD C. HOSKINS

PD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date