## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000112482**

1. Entity Name SECURITY PEST OF SARASOTA, INC.



**FILED** May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

6341 PORTER RD

#2

Mailing Address

2010 N NEBRASKA VE TAMPA, FL 33602

SARASOTA, FL 34240



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CR2E034 (11/05) No Chg-P 01092008

Applied For 4. FEI Number 13-4216000 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

1840 SW 2 4TH FLOO MIAMI, FL 8. The above	9R 33145	urpose of changing its register	IN THIS SPACE  red office or registered agent, or both, in the State of Florida. I am familiar with, and access									
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	ed Agent signature required when rematating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees								
10.~ `	OFFICERS AND DIREC	CTORS	July Park	the state of the s	HALLER	ENGLISTED						
TITLE	PSTD											
NAME	STOVER, WILLIAM J											
STREET ADDRESS CITY-ST-ZIP	2010 N NEBRASKA AVE TAMPA, FL 33602					nncainte						
TITLE	77.11.11 71,1 2 3332				יטטטי עפכעבה	00370.30 08-80079-01	0 150.00					
NAME :												
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NAME STREET ADDRESS	(											
CITY-ST-ZIP				DO	NOT	WRITE						
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NAME				HIN		SPACE	tan tanàna Ny faritr'i Mandridon					
STREET ADDRESS												

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:

City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP