


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90001 025 \*\*\*150.00

DOCUMENT # P03000089299			
1. Entity Name SUNCOAST PEST CONTROL AND CARPET CLEANING, INC.			
Principal Place of Business 3998 HINA DRIVE SARASOTA FL 34241-5800		Mailing Address 3998 HINA DRIVE SARASOTA FL 34241-5800	
2. Principal Place of Business - No P.O. Box # 2436 TAMISULA ST. Sole, Apt. #, etc.		3. Mailing Address 2436 TAMISULA ST. Sole, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34237		Country USA	
4. FEI Number 54-2121302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETZ, JOHN 3998 HINA DRIVE SARASOTA FL 34241-5800		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BUTZ, JOHN 3998 AINA DR SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>John Betz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/22/08 941 366-8776 Date Daytime Phone	