

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P03000150105

1. Entity Name
DRAKE LAWN & PEST CONTROL, INC.



**FILED
Oct 23, 2008 8:00 A.M.
Secretary of State**

Principal Place of Business Mailing Address
**995 W. KENNEDY BLVD.
STE 32
ORLANDO, FL 32810**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3777257 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



10202008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**WALLACE, GEORGE B P.A.
700 W. FIRST STREET
SANFORD, FL 32771**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR Is \$61.25

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 **P** Delete
NAME **TUCKER, JERRY**
STREET ADDRESS **995 W. KENNEDY BLVD. STE. 32**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **VP** Change Addition
NAME **JERRY TUCKER**
STREET ADDRESS **995 W. KENNEDY BLVD., STE. 32**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **VP** Delete
NAME **KAPLAN, JACK**
STREET ADDRESS **995 W. KENNEDY BLVD. STE. 32**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **ST** Change Addition
NAME **JACK KAPLAN**
STREET ADDRESS **995 W. KENNEDY BLVD., STE. 32**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **ST** Delete
NAME **HILL, BRANDON**
STREET ADDRESS **995 W. KENNEDY BLVD. STE. 32**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **P** Change Addition
NAME **BRANDON HILL**
STREET ADDRESS **995 W. KENNEDY BLVD., STE.32**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #