


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 018 ***150.00

DOCUMENT # P04000109801

1. Entity Name
SOS PEST CONTROL, INC.



Principal Place of Business 16231 ASHLAND AVE PORT CHARLOTTE, FL 33954	Mailing Address 16231 ASHLAND AVE PORT CHARLOTTE, FL 33954
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**MATTHEW, JAMES R
 22212 MONTROSE AVE
 PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name: **ROOSE, DAVID L.**
 Street Address (P.O. Box Number is Not Acceptable): **23389 McCandless Ave**
 City: **Port Charlotte** FL Zip Code: **33980**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST OLECKNA, STANLEY E 16231 ASHLAND AVE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OLECKNA, STANLEY J 18651 ASHCOTT CIRCLE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OLECKNA, STANLEY J. 1963 LONGSTROTH AVE. NORTH PORT, FL 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stanley E Oleckna **STANLEY E. OLECKNA** 2/14/08 941-743-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #