


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P05000085873

1. Entity Name
 HALAGAN PEST SERVICES, INC.



Principal Place of Business
 3033 ROCK VALLEY DRIVE
 HOLIDAY, FL 34691

Mailing Address
 3033 ROCK VALLEY DRIVE
 HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number
 57-1221414

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALAGAN, ROBERTA A
 3033 ROCK VALLEY DRIVE
 HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000861130
 04/02/08-80089-011 150.00

10. OFFICERS AND DIRECTORS

TITLE P
 NAME HALAGAN, GREGORY J
 STREET ADDRESS 3033 ROCK VALLEY DRIVE
 CITY-ST-ZIP HOLIDAY, FL 34691

TITLE VP
 NAME HALAGAN, ROBERTA A
 STREET ADDRESS 3033 ROCK VALLEY DRIVE
 CITY-ST-ZIP HOLIDAY, FL 34691

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: Robert Halagan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08
 Date Daytime Phone #