


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90021 036 \*\*\*150.00

DOCUMENT # P07000114623					
1. Entity Name LION PEST & RODENT CONTROL, INC.					
Principal Place of Business 527 EAST REDWOOD DRIVE LAKE PARK, FL 33403			Mailing Address 527 EAST REDWOOD DRIVE LAKE PARK, FL 33403		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <i>26-1272044</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLECK, WILLIAM A ESQ. 6650 WEST INDIANTOWN ROAD SUITE 200 JUPITER, FL FL 3-3458			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P. O. Box Number is Not Acceptable)			Street Address (P. O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGLISH, GERALD A		NAME		
STREET ADDRESS	527 EAST REDWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, FL 33403		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Michael A. English</i>		P, GERALDA A. ENGLISH		Date: <i>2/16/08</i> Daytime Phone #: <i>(561) 882-0980</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



02132008 Chg-P CR2E034 (12/06)

4. FEI Number *26-1272044* Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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Street Address (P. O. Box Number is Not Acceptable)		Street Address (P. O. Box Number is Not Acceptable)	
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FL		Zip Code	

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SIGNATURE: *Michael A. English* P, GERALDA A. ENGLISH Date: *2/16/08* Daytime Phone #: *(561) 882-0980*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR