

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017431

FILED
Apr 01, 2009
Secretary of State

Entity Name: SCENIC PEST CONTROL SERVICE, INC.

Current Principal Place of Business:

10619 NW 53RD STREET
SUNRISE, FL 33351 US

New Principal Place of Business:

13200 NW 12 COURT
SUNRISE, FL 33323 US

Current Mailing Address:

13200 NW 12TH CT
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0572020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADER, ROBERT L
2200 W. COMMERCIAL BLVD.
SUITE 301
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIBOLINI, JOSEPH
Address: 13200 NW 12 CT
City-St-Zip: SUNRISE, FL

Title: VP () Delete
Name: RIBOLINI, JANET
Address: 13200 NW 12TH CT
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: RIBOLINI, AUGUSTINE
Address: 13200 NW 12TH CT
City-St-Zip: SUNRISE, FL 33323

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR () Change (X) Addition
Name: RIBOLINI, PAULA E
Address: 13200 NW 12 CT
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTINE RIBOLINI

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04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date