## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 477083**

FILED Jan 13, 2009 Secretary of State

Entity Name: GROOVER EXTERMINATING, INC.

Current Principal Place of Business:			New Principal Place of Business:	
4200 DUN WINTER I	IDEE RD HAVEN, FL 3	3884		
Current N	/lailing Addre	ess:	New Mailing Addres	s:
4200 DUN WINTER I	IDEE RD HAVEN, FL 3	3884		
FEI Number	r: 59-1644728	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
603 14TH	R, JOHN D M STREET, NE			
WINTER I	HAVEN, FL 3	3881 US		
The above	,		purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:	submits this statement for the		d office or registered agent, or both,
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the onic Signature of Registered Ag		od office or registered agent, or both,  Date
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the	gent	Date
The above in the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro	v submits this statement for the contribution ( ).	gent	
The above in the Stat SIGNATU Election Ca	e named entity e of Florida.  RE: Electro  mpaign Financi  S AND DIREC  P ( GROOVER, J 603 14TH ST	visubmits this statement for the conic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete OHN D MR.	gent	Date
The above in the State SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	e named entity e of Florida.  RE:  Electro  Electro  S AND DIREC  P ( GROOVER, J. 603 14TH ST WINTER HAV  ST ( GROOVER, D 603 14TH STF	v submits this statement for the conic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete OHN D MR. N.E. EN, FL 33881  ) Delete IEBBIE M MRS.	gent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: DEBBIE M GROOVER ST 01/13/2009