

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000002300

Entity Name: GUARDIAN PEST SERVICES, INC.

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

4323 HAMILTON RD.
COLUMBUS, GA 31904

New Principal Place of Business:

2769 WILLIAMS RD, BLDG A
COLUMBUS, GA 31909

Current Mailing Address:

PO BOX 4124
COLUMBUS, GA 31904

New Mailing Address:

PO BOX 4124
COLUMBUS, GA 31914

FEI Number: 58-1993159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLEY, JASON
210 E INTERATRCIA
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

PULLEY, JASON
210 E INTENDENCIA ST.
PENSACOLA, FL 32502 US

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: JASON PULLEY

10/27/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOX, JOHN A
Address: 1009 PLEASANT GROVE RD
City-St-Zip: HAMILTON, GA 31811

Title: VP () Delete
Name: KNOX, JUSTIN M
Address: 6137 SEATON DR
City-St-Zip: COLUMBUS, GA 31904

Title: S () Delete
Name: KNOX, SEAN M
Address: 1705 PRESTON DR
City-St-Zip: COLUMBUS, GA 31906

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:

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: JUSTIN KNOX

VP

10/27/2008

Electronic Signature of Signing Officer or Director

Date