

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F31915

FILED
Apr 30, 2008
Secretary of State

Entity Name: MEADOWS PEST CONTROL, INC.

Current Principal Place of Business:

430 S. DIXIE HIGHWAY WEST
POMPAN0 BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1237
POMPAN0 BEACH, FL 330618237

New Mailing Address:

FEI Number: 59-2106041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, WILLIAM H, JR
2740 N.E. 5TH STREET
POMPAN0 BEACH, FL 33062 US

Name and Address of New Registered Agent:

GILES, WILLIAM D
430 S DIXIE HIGHWAY WEST
POMPAN0 BEACH, FL 33060 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: WILLIAM D GILES

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILES, WILLIAM H, JR,
Address: 2740 N.E. 5TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: SD () Delete
Name: GILES, LINDA,
Address: 2740 N.E. 5TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: VD (X) Delete
Name: GILES, W. D
Address: 1274 SW 28 AVE
City-St-Zip: POMPAN0 BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: GILES, WILLIAM D
Address: 1274 SW 28TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD (X) Change () Addition
Name: GILES, L
Address: 2740 N.E. 5TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33062

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: WILLIAM D GILES

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date