## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F86689

FILED Mar 02, 2009 Secretary of State

Entity Name: LIVE OAK PEST CONTROL, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17856 US H MCALPIN, I		US			
Current Ma	ailing Addre	ess:	New Mailing Addres	ss:	
17856 US H MCALPIN, I		US			
FEI Number:	59-2213398	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
10709 1841		NA F			
VICALPIIN, I	FL 32062	US			
·	named entity		ourpose of changing its registere	ed office or registered agent, or both,	
The above	named entity of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
The above n the State	named entity of Florida. E:			ed office or registered agent, or both,  Date	
The above in the State	named entity of Florida. E: Electro	submits this statement for the p			
The above in the State SIGNATUR Election Cam	named entity of Florida. E: Electro	submits this statement for the points statement for the points of Registered Agranger Trust Fund Contribution ( ).	ent		
The above in the State SIGNATUR Election Cam	named entity of Florida.  EE: Electro  apaign Financia  AND DIRECTOR  PD (	submits this statement for the prince Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS:  ) Delete N, ROBERT F,	ent	Date	
The above in the State SIGNATUR  Election Cam  OFFICERS  Title: Name: Address:	named entity of Florida.  EE: Electron paign Financing AND DIRECT PD ( MCGRANAHA 10709 184TH MCALPIN, FL	enic Signature of Registered Ageng Trust Fund Contribution ( ).  CTORS:  ) Delete N, ROBERT F, ST  ) Delete N, RAMONA F,	ent  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: MELISSA M LEE VP 03/02/2009