

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26845

FILED
Feb 19, 2009
Secretary of State

Entity Name: SAFEKILL PEST CONTROL INC.

Current Principal Place of Business:

C/O EMMITT W. MONEY
342 LEMON AVE
SEBRING, FL 33870 US

New Principal Place of Business:

C/O EMMITT W. MONEY SR.
342 LEMON AVE
SEBRING, FL 33870 US

Current Mailing Address:

C/O EMMITT W. MONEY
342 LEMON AVE.
SEBRING, FL 33870 US

New Mailing Address:

C/O EMMITT W. MONEY SR.
342 LEMON AVE.
SEBRING, FL 33870 US

FEI Number: 59-2262572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONEY, EMMITT W.
342 LEMON AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MONEY SR., EMMITT W.
342 LEMON AVE.
SEBRING, FL 33870 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: EMMITT W. MONEY SR.

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONEY, EMMITT W,
Address: 342 LEMON AVE.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MONEY SR., EMMITT W,
Address: 342 LEMON AVE.
City-St-Zip: SEBRING, FL 33870

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: EMMITT W. MONEY SR.

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02/19/2009

Electronic Signature of Signing Officer or Director

Date