## 2007 FOR PROFIT CORPORATION., ANNUAL REPORT

## **FILED** Apr 23, 2007 08:00 A Secretary of State DOCUMENT # H43938 1. Entity Name SHUR-SHOT PEST CONTROL, INC. Mailing Address Principal Place of Business % RAYMOND A. GIAROINA % RAYMOND A. GIAROINA 938 NE 7TH TERRACE ~ 938 NE 7TH TERRACE CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 No Chg-P CR2E034 (11/05) 04202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2487509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GIARDINA, RAYMOND A. 938 N.E. 7TH TR. CAPE CORAL, FL 33909 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE P U00000726607 NAME GIARDINA, RAYMOND A. 05/04/07-80015-006 150.00 STREET ADDRESS 938 N.E. 7TH TERRACE CITY-ST-ZIP CAPE CORAL, FL TS TITLE GIARDINA, MONICA NAME STREET ADDRESS 938 NE 7TH TERRACE CAPE CORAL, FL CITY-ST-ZIP TITLE GIARDINA, GARY NAME STREET ADDRESS 938 NE 7TH TERRACE DO NOT WRITE CITY-ST-ZIP CAPE CORAL, FL IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

NAME STREET ADDRESS CITY-S1-ZIP

1 GIARDINA