

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H45302

FILED
Apr 20, 2009
Secretary of State

Entity Name: LEA'S PEST CONTROL OF TAMPA, INC.

Current Principal Place of Business:

7814 NORTH ARMENIA AVENUE
TAMPA, FL 33604

New Principal Place of Business:

4814 NORTH GRADY AVENUE
TAMPA, FL 33614 US

Current Mailing Address:

7814 NORTH ARMENIA AVENUE
TAMPA, FL 33604

New Mailing Address:

P.O. BOX 8302
TAMPA, FL 33674 US

FEI Number: 59-2521549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, C. STEPHEN, ESQ.
3606 SWANN DR
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

ALLEN, C. STEPHEN, ESQ.
3606 SWANN AVE. W.
TAMPA, FL 33609 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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARON, ROBERT A.
Address: 6642 WINDING OAK DRIVE
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: LEA, WILLIAM E.
Address: 217 RIDGEWOOD AVE
City-St-Zip: HOLLY HILLS, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARON, ROBERT A.
Address: 6642 WINDING OAK DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: V (X) Change () Addition
Name: LEA, WILLIAM E.
Address: 217 RIDGEWOOD AVE
City-St-Zip: HOLLY HILLS, FL 32117 US

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: ROBERT A. GARON

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date