2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# J26352

Entity Name: MURRELL PEST CONTROL, INC.

Current Principal Place of Business:

20718 HWY 301 NORTH
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

20718 HWY 301 N
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-2697345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLER, CHARLES D
38038 MERIDIAN AVENUE
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCLEOD, JERRY MICHAE, L
Address: 20940 OLD TRILBY ROAD
City-St-Zip: DADE CITY, FL

Title: VP ( ) Delete
Name: MCLEOD, TIMOTHY W.,
Address: 14845 PUCKETT ROAD
City-St-Zip: DADE CITY, FL

Title: S ( ) Delete
Name: CRUTCHER, VICKI,
Address: 17387 SWEETWATER RD
City-St-Zip: DADE CITY, FL

Title: T ( ) Delete
Name: MCLEOD, IRMA,
Address: PASCO RD
City-St-Zip: SAN ANTONIO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCLEOD, JERRY MICHAE, L
Address: 20940 OLD TRILBY ROAD
City-St-Zip: DADE CITY, FL 33523

Title: VP (X) Change ( ) Addition
Name: MCLEOD, TIMOTHY W.,
Address: 14845 PUCKETT ROAD
City-St-Zip: DADE CITY, FL 33525

Title: S (X) Change ( ) Addition
Name: CRUTCHER, VICKI,
Address: 17387 SWEETWATER RD
City-St-Zip: DADE CITY, FL 33525

Title: T (X) Change ( ) Addition
Name: MCLEOD, IRMA,
Address: 29441 COHARIE LOOP
City-St-Zip: SAN ANTONIO, FL 33525

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: JERRY MCLEOD P 01/15/2008

Electronic Signature of Signing Officer or Director Date