## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K28538

Entity Name: HOSKINS PEST CONTROL, INC.

FILED Feb 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE A	ORATION WAY _ 342841987 U	S				
Current Mailing Address:				New Mailing Address:		
119A CORPORATION WAY P.O. BOX 1987 VENICE, FL 342841987 US			119 CORPORATION WAY SUITE A VENICE, FL 342841987 US			
FEI Number:	65-0064036	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of N	ew Registered Agent:
HOSKINS, HOWARD C. 119A CORPORATION WAY VENICE, FL 34285 US				HOSKINS, HOWARD C. 119 CORPORATION WAY SUITE A VENICE, FL 34285 US		
The above in the State		bmits this statement for the pur	rpose of	changing it	s registered of	ffice or registered agent, or both,
SIGNATURE:				02/14/2009		
	Electronic	Signature of Registered Agen	t			Date
Election Cam	paign Financing 1	rust Fund Contribution ( ).				
OFFICERS	AND DIRECTO	ORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () D HOSKINS, HOWA 720 MYRTLE AVE VENICE, FL 3428	RD C. :		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPD () D BETHAM, JON R 13348 BRONZE A PORT CHARLOTT	VE.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPD () D MORGAN, MICHA 404 LONGBOW T OSPREY, FL 342	EL O JR. RAIL		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD () D STRICKLAND, MA 720 MYRTLE AVE VENICE, FL 3428	ARY JO A E.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD () D WAELTER, VIRGI 464 DUKE RD. VENICE, FL 3429	NIA P		Title: Name: Address: City-St-Zip:	ASD (X) KIRK, BRENDA 724 MYRTLE AV VENICE, FL 34	VE
Title: Name: Address:	VPD () D PRICE, CASEY 2613 SIXTH STRE			Title: Name: Address:	()	Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: MARY JO STRICKLAND SD 02/14/2009

SANTA MONICA, CA 90405 US

City-St-Zip: