

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L80960

FILED
Apr 06, 2007
Secretary of State

Entity Name: HERNANDO PEST CONTROL, INC.

Current Principal Place of Business:

200 W FORT DADE AVE
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

200 W FORT DADE AVE
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 65-0224478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, MOLLIE A
200 W FORT DADE AVE
BROOKSVILLE, FL 34601 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: PVST () Delete
Name: MOLLIE A. SPENCER,
Address: 6340 DAKOTA DRIVE
City-St-Zip: BROOKSVILLE, FL 34602

Title: D (X) Delete
Name: SPENCER, MICHAEL B
Address: 6340 DAKOTA DRIVE
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: MOLLIE A. SPENCER,
Address: 12025 VIKING STREET
City-St-Zip: SPRING HILL, FL 34609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MOLLIE A. SPENCER

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date