2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P00000034381

Entity Name: THE LAWN RANGER OF ST. AUGUSTINE PEST CONTROL, INC.

Current Principal Place of Business:

1660 STATE ROAD 16
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1660 STATE ROAD 16
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3635974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FURNAL, AUDRANA
1660 STATE ROAD 16
ST AUGUSTINE, FL 32084 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: FURNAL, DAVID
Address: 8507 CROSSWINDS DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T ( ) Delete
Name: FURNAL, AUDRANA
Address: 8507 CROSSWINDS DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S ( ) Delete
Name: STRATTON, DARLENE
Address: 9910 WEST DEEP CREEK BLVD
City-St-Zip: HASTINGS, FL 32145

Title: VP ( ) Delete
Name: STRATTON, STUART
Address: 9910 WEST DEEP CREEK
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AUDRANA FURNAL T 01/20/2009

Electronic Signature of Signing Officer or Director — Date