

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049582

FILED
Apr 30, 2008
Secretary of State

Entity Name: PEST FORCE EXTERMINATING SERVICES, INC.

Current Principal Place of Business:

17715 38TH ROAD NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

3746 CARDINAL OAKS CIRCLE
ORANGE PARK, FL 32065

Current Mailing Address:

17715 38TH ROAD NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

3746 CARDINAL OAKS CIRCLE
ORANGE PARK, FL 32065

FEI Number: 65-1014198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANN MARIE
17715 38TH ROAD NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

SMITH, ANN MARIE
3746 CARDINAL OAKS CIRCLE
ORANGE PARK, FL 32065 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: ANN MARIE SMITH

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, LOWELL
Address: 17715 38TH ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: SMITH, ANN MARIE
Address: 17715 38TH ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, LOWELL
Address: 3746 CARDINAL OAKS CIRCLE
City-St-Zip: ORANGE PARK, FL 32065

Title: D (X) Change () Addition
Name: SMITH, ANN MARIE
Address: 3746 CARDINAL OAKS CIRCLE
City-St-Zip: ORANGE PARK, FL 32065

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: LOWELL SMITH

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date