


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000053469</b>	
1. Entity Name <b>NEOGUARD PEST ELIMINATION SERVICES, INC.</b>	
	
Principal Place of Business	Mailing Address
<b>5950 LAKEHURST-DR STE 276 ORLANDO, FL 32819</b>	<b>5950 LAKEHURST DR STE 276 ORLANDO, FL 32819</b>

**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3652512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MCGRATH, WILLIAM P  
5950 LAKEHURST DR  
STE 276  
ORLANDO, FL 32819**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**U000000304410  
05/01/08-80011-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	RUBERTO, SCOTT
STREET ADDRESS	340 LYNN STREET
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	P
NAME	MCGRATH, WILLIAM P
STREET ADDRESS	1422 LAKEMIST LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** William P McGrath **WILLIAM P. MCGRATH PRESIDENT 3/28/08 866-636-4826**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #