

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003524

Entity Name: SAMSON PEST CONTROL, INC.

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

108 NORTHWEST 10TH COURT  
BOYNTON BEACH, FL 33426

## New Principal Place of Business:

4794 DOLPHIN DRIVE  
LAKE WORTH, FL 33463

## Current Mailing Address:

108 NORTHWEST 10TH COURT  
BOYNTON BEACH, FL 33426

## New Mailing Address:

4794 DOLPHIN DRIVE  
LAKE WORTH, FL 33463

FEI Number: 65-1067667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRASNA, EDWARD  
108 NW 10TH COURT  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

BUDJINSKI, NICHOLAS  
4794 DOLPHIN DRIVE  
LAKE WORTH, FL 33463 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: NICHOLAS BUDJINSKI

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: KRASNA, EDWARD  
Address: 108 NORTHWEST 10TH COURT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP ( ) Delete  
Name: MEAD, LISA  
Address: 7530 HAZELWOOD CIR  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: KRASNA, FLORENCE  
Address: 108 NW 10 CT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BUDJINSKI, NICHOLAS  
Address: 4794 DOLPHIN DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

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

Title: SEC (X) Change ( ) Addition  
Name: KRASNA, FLORENCE  
Address: 108 NW 10 CT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TREA ( ) Change (X) Addition  
Name: BUDJINSKI, SHANNON  
Address: 4794 DOLPHIN DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

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: LISA MEAD

VP

03/17/2009

Electronic Signature of Signing Officer or Director

Date