

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000090378

FILED
Apr 04, 2006
Secretary of State

Entity Name: WIPEOUT PESTS & TERMITES, INC.

Current Principal Place of Business:

510 SOUTH US HIGHWAY #1
SUITE 3
FORT PIERCE, FL 34950

New Principal Place of Business:

3866 PROSPECT AVE
SUITE 12
WEST PALM BEACH, FL 33404

Current Mailing Address:

PO BOX 578
PALM CITY, FL 34990

New Mailing Address:

3866 PROSPECT AVE
SUITE 12
WEST PALM BEACH, FL 33404

FEI Number: 65-1138480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILL, JAMES A
1902 S. 34TH ST
FORT PIERCE, FL 34947 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: JAMES A HAMILL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMILL, JAMES
Address: 1902 S. 34TH ST
City-St-Zip: FT PIERCE, FL 34947

Title: T () Delete
Name: DIAZ, WILFRED
Address: 5045 SW ST CREEK DR.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MARSELLA, PHILLIP J
Address: 5316 SW AVILA
City-St-Zip: PALM CITY, FL 34990

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:

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: WILFRED DIAZ

T

04/04/2006

Electronic Signature of Signing Officer or Director

Date