

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090378

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: WIPEOUT PESTS & TERMITES, INC.

## Current Principal Place of Business:

5203 OKEECHOBEE ROAD  
FORT PIERCE, FL 34947

## New Principal Place of Business:

4001 VIRGINIA AVE SUITE A  
FORT PIERCE, FL 34981

## Current Mailing Address:

5203 OKEECHOBEE ROAD  
FORT PIERCE, FL 34947

## New Mailing Address:

4001 VIRGINIA AVE  
SUITE A  
FORT PIERCE, FL 34981

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  
1502 CORTEZ BL  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

HAMILL, JAMES A  
4001 VIRGINIA AVE  
SUITE A  
FORT PIERCE, FL 34981 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: JAMES A HAMILL

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAMILL, JAMES  
Address: 1502 CORTEZ BL  
City-St-Zip: FT PIERCE, FL 34982

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: P/D (X) Change ( ) Addition  
Name: HAMILL, JAMES  
Address: 4001 VIRGINIA AVE SUITE A  
City-St-Zip: FT PIERCE, FL 34981

Title: N/A (X) Change ( ) Addition  
Name: DIAZ, WILFRED  
Address: 5045 SW ST CREEK DR.  
City-St-Zip: PALM CITY, FL 34990

Title: N/A (X) Change ( ) Addition  
Name: MARSELLA, PHILLIP J  
Address: 5316 SW AVILA  
City-St-Zip: PALM CITY, FL 34990

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: JAMES A HAMILL

P/D

03/27/2008

Electronic Signature of Signing Officer or Director

Date