## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000103932

FILED Apr 16, 2009 Secretary of State

Entity Name: SCIENTIFIC CONSULTANTS ON PEST ELIMINATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5036 PLANTATION DR 5036 PLANTATION DR HOLIDAY, FL 34690 HOLIDAY, FL 34690 **Current Mailing Address: New Mailing Address:** 5036 PLANTATION DRIVE 5036 PLANTATION DR HOLIDAY, FL 34690 HOLIDAY, FL 34690 US FEI Number: 59-3084672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOUCHTON, C. A 5036 PLANTATION DRIVE HOLIDAY, FL 34690 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TOUCHTON, KEVIN L Name: Name: 5036 PLANTATION DRIVE Address: Address: City-St-Zip: HOLIDAY, FL 34690 City-St-Zip: Title: Title: () Change () Addition () Delete TOUCHTON, CAROLYN A Name: Name: 5036 PLANTATION DRIVE Address: Address: HOLIDAY, FL 34690 City-St-Zip: City-St-Zip:

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: KEVIN L. TOUCHTON P 04/16/2009