2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012795

Entity Name: FLORIDA SUN TERMITE & PEST CONTROL, INC.

FILED Jan 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2747 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327

Current Mailing Address: New Mailing Address:

97 BEECHWOOD DR. 4641 BLOUNT AVE.

CRAWFORDVILLE, FL 32327 JACKSONVILLE, FL 32210

FEI Number: 14-1869360 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:

MISSO, JAMES C 97 BEECHWOOD DRIVE MISSO, JAMES C 4641 BLOUNT AVE.

CRAWFORDVILLE, FL 32327 US JACKSONVILLE, FL 32210 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 C. MISSO 01/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: MISSO, JAMES C Name: MISSO, JAMES C
Address: 97 BEECHWOOD DRIVE Address: 4641 BLOUNT AVE.

97 BEECHWOOD DRIVE Address: 4641 BLOUNT AVE.
CRAWFORDVILLE, FL 32327 City-St-Zip: JACKSONVILLE, FL 32210

Title: V () Delete Title: V (X) Change () Addition Name: MISSO, MARSHA B Name: MISSO, MARSHA B

Address: 97 BEECHWOOD DRIVE Address: 4641 BLOUNT AVE.
City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: JACKSONVILLE, FL 32210

Title: VM () Delete Title: VM (X) Change () Addition

Name: MISSO, CHRISTOPHER C
Address: 97 BEECHWOOD DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Name: MISSO, CHRISTOPHER C
Address: 4641 BLOUNT AVE.
City-St-Zip: JACKSONVILLE, FL 32210

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: MARSHA B. MISSO VP 01/18/2008