

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022963

Entity Name: HERON PEST CONTROL, INC.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

983 EXPLORER COVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

983 EXPLORER COVE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 01-0613095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACKEY, RODNEY
740 FL. CENTRAL PKWY
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LACKEY, RODNEY
983 EXPLORER COVE
ALTAMONTE SPRINGS, FL 32701 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:

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PATTI, JOSEPH
Address: 457 LAKE PARK TRAIL
City-St-Zip: OVIEDO, FL 32750

Title: P () Delete
Name: LACKEY, RODNEY
Address: 464 NEW HOPE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V () Delete
Name: OKROS, STEVE
Address: 604 APPLEWOOD AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PATTI, JOSEPH
Address: 457 LAKE PARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: P (X) Change () Addition
Name: LACKEY, RODNEY
Address: 464 NEW HOPE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
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: J. PATTI

C

01/26/2009

Electronic Signature of Signing Officer or Director

Date