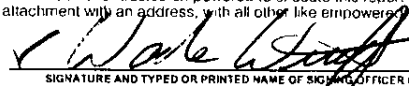


FILED
Apr 28, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000081395																																																																																																																																			
1. Entity Name RIVER CITY PEST MANAGEMENT, INC.																																																																																																																																			
Principal Place of Business 1450 N. CARPENTER AVE. ORANGE CITY, FL 32763 US			Mailing Address P.O. BOX 740812 ORANGE CITY, FL 32774-0812 US																																																																																																																																
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country	Zip		Country																																																																																																																														
6. Name and Address of Current Registered Agent WRIGHT, WADE M 1450 N. CARPENTER AVE. ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____																																																																																																																															
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																			
SIGNATURE: _____ Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering) DATE: _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th><th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 15%; padding: 5px;">TITLE</td><td style="width: 55%; padding: 5px;">P</td><td style="width: 30%; text-align: right; padding: 5px;">☐ Delete</td><td style="width: 15%; padding: 5px;">TITLE</td><td style="width: 55%; padding: 5px;"></td><td style="width: 30%; text-align: right; padding: 5px;">☐ Change ☐ Addition</td></tr><tr><td style="padding: 5px;">NAME</td><td style="padding: 5px;">WRIGHT, WADE M MR</td><td></td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td></td></tr><tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;">1450 N. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date																																																																																																																															