2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P03000041790

Entity Name: PEST TREATMENT 2000 INC.

Current Principal Place of Business:

4699 N STATE RD 7
SUITE C-5
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4699 N STATE RD 7
SUITE C-5
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 32-0071648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAY, EVELYN
522 SE RON RICO TER
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	LEWIS, CLIFFORD J	
Address:	522 SE RON RICO TERR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983 US	
Title:	VP	( ) Delete
Name:	BRAY, EVELYN	
Address:	522 SE RON RICO TERR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983 US	
Title:	TD	( ) Delete
Name:	RICHARDS, STEPHEN	
Address:	2790 SOMERSET DR. APT Q407	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	M	(X) Delete
Name:	GORDON, MITCHAEL	
Address:	8528 S HAMPTON DR	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	D	(X) Delete
Name:	ROCROY, NICHOLS H	
Address:	1312 NW 172 TER	
City-St-Zip:	MIAMI, FL 33169	
Title:	M	( ) Delete
Name:	LANDLEY, ROY	
Address:	7804 LASALLE BLVD	
City-St-Zip:	MIRAMAR, FL 33023	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: EVELYN BRAY V P 04/13/2009
Electronic Signature of Signing Officer or Director Date