

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081318

FILED
Jun 12, 2008
Secretary of State

Entity Name: NATURZONE PEST CONTROL OF S.W. FLORIDA, INC.

Current Principal Place of Business:

391 17TH ST NW
NAPLES, FL 34120

New Principal Place of Business:

590 NEOPOLITAN WAY
NAPLES, FL 34103

Current Mailing Address:

391 17TH ST NW
NAPLES, FL 34120

New Mailing Address:

590 NEOPOLITAN WAY
NAPLES, FL 34103

FEI Number: 20-0114314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, ALEX J
391 17TH ST NW
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

SUAREZ, ALEX J
590 NEOPOLITAN WAY
NAPLES, FL 34103 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: ALEX SUAREZ

06/12/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SUAREZ, ALEX J
Address: 390 17TH ST NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: SUAREZ, ALEX J
Address: 590 NEOPOLITAN WAY
City-St-Zip: NAPLES, FL 34103

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: ALEX SUAREZ

PS

06/12/2008

Electronic Signature of Signing Officer or Director

Date