## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000086638

Entity Name: SEARS PEST CONTROL INC.

FILED Mar 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4692 N POWERLINE ROAD DEERFIELD BCH, FL 33073 **Current Mailing Address: New Mailing Address:** 4692 N POWERLINE ROAD DEERFIELD BCH, FL 33073 FEI Number: 56-2413533 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: KRAVITSKY, ALAN 4692 N POWERLINE ROAD US DEERFIELD BCH, FL 33073 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition KRAVITSKY, ALAN Name: Name: 7644 BRUNSON CIR Address: Address: City-St-Zip: LAKEWORTH, FL 33467 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: DIANE, KRAVITSKY Name: 7644 BRUNSON CIRCLE Address: Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete ( ) Change (X) Addition KRAVITSKY, LINDA Name: Name: 3300 S. OCEAN BLVD #917 Address Address: City-St-Zip: City-St-Zip: HIGHLAND BEACH, FL 33487 Title: () Delete Title: VPM ( ) Change (X) Addition KRAVITSKY, LARRY Name: Name: Address: Address: 3300 S. OCEAN BLVD #917 City-St-Zip: City-St-Zip: HIGHLAND BEACH, FL 33487 Title: Title: ( ) Change (X) Addition ( ) Delete PATNAUDE, PHILIP Name: Name: Address: Address: 11650 NW 36 PLACE City-St-Zip: City-St-Zip: SUNRISE, FL 33323 Title: () Delete Title: ( ) Change (X) Addition SCIORTINO, MIKE Name: Name: 6754 BLUE BAY CIRCLE Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467

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: LARRY KRAVITSKY VPM 03/25/2008