

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000086638

**FILED**  
**Mar 26, 2008**  
**Secretary of State****Entity Name:** SEARS PEST CONTROL INC.**Current Principal Place of Business:**4692 N POWERLINE ROAD  
DEERFIELD BCH, FL 33073**New Principal Place of Business:****Current Mailing Address:**4692 N POWERLINE ROAD  
DEERFIELD BCH, FL 33073**New Mailing Address:****FEI Number:** 56-2413533**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KRAVITSKY, ALAN  
4692 N POWERLINE ROAD  
DEERFIELD BCH, FL 33073 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**OFFICERS AND DIRECTORS:**

Title: PV ( ) Delete  
Name: KRAVITSKY, ALAN  
Address: 7644 BRUNSON CIR  
City-St-Zip: LAKEWORTH, FL 33467

Title: VP ( ) Delete  
Name: DIANE, KRAVITSKY  
Address: 7644 BRUNSON CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: S (X) Delete  
Name: KRAVITSKY, LINDA  
Address: 3300 S. OCEAN BLVD #917  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VPM (X) Delete  
Name: KRAVITSKY, LARRY  
Address: 3300 S. OCEAN BLVD #917  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VPS (X) Delete  
Name: PATNAUDE, PHILIP  
Address: 11650 NW 36 PLACE  
City-St-Zip: SUNRISE, FL 33323

Title: T (X) Delete  
Name: SCIORTINO, MIKE  
Address: 6754 BLUE BAY CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

**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:** ALAN KRAVITSKY

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03/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date