2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050971

FILED Jan 26, 2009 Secretary of State

Entity Name: GUARANTEED PEST CONTROL & FERTILIZATION INC

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5071 S ST	RD7				
UNIT 711 DAVIE, FL	_ 33314 US	3			
•			Navy Balling Adden		
Current Mailing Address:		New Mailing Address:			
5071 S ST DAVIE, FL		6	5071 S ST RD 7 UNIT 711 DAVIE, FL 33314	US	
FEI Number	r: 56-2445276	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1895 SW		FL 33324 US			
1895 SW FORT LAI The above	101 AVE UDERDALE, F e named entity e of Florida.		e purpose of changing its register	red office or registered agent, or both,	
1895 SW FORT LAI The above in the Stat	101 AVE UDERDALE, F e named entity e of Florida. RE:			red office or registered agent, or both, Date	
1895 SW FORT LAI The above in the Stat SIGNATU	101 AVE UDERDALE, F e named entity e of Florida. RE: Electro	submits this statement for the			
1895 SW FORT LAI The above in the Stat SIGNATU Election Ca	101 AVE UDERDALE, F e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ().	gent	Date	
1895 SW FORT LAI The above in the Stat SIGNATU Election Ca	101 AVE UDERDALE, F e named entity e of Florida. RE: Electro mpaign Financir	submits this statement for the nic Signature of Registered A ng Trust Fund Contribution (). CTORS:) Delete HOLAS AVE	gent		

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: NICHOLAS NELSON P 01/26/2009