

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166749

Entity Name: KEY FUMIGATION, INC.

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

1941 BARBER RD
SARASOTA, FL 34240

New Principal Place of Business:

1885 N LIME AV
SARASOTA, FL 34234

Current Mailing Address:

1941 BARBER RD
SARASOTA, FL 34240

New Mailing Address:

1885 N LIME AV
SARASOTA, FL 34234

FEI Number: 20-2089389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, ERIK
1941 BARBER RD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

WARREN, ERIK
1885 N LIME AV
SARASOTA, FL 34234 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: ERIK D WARREN

05/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARREN, ERIK D
Address: 3136 WOOD ST
City-St-Zip: SARASOTA, FL 34237

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HASKELL, BRADFORD D
Address: 4912 NEW PROVIDENCE AV
City-St-Zip: TAMPA, FL 33629

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: ERIK D. WARREN

D

05/07/2009

Electronic Signature of Signing Officer or Director

Date