


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000166956

1. Entity Name
FIRST CHOICE FERTILIZATION AND PEST CONTROL, INC.



Principal Place of Business
**2740 SW MARTIN DOWNS BLVD
 PALM CITY, FL 34990 US**

Mailing Address
**2740 SW MARTIN DOWNS BLVD
 PALM CITY, FL 34990 US**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1997955

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SINCERBEAU, SCOTT A
 2671 SW GREENWICH WAY
 PALM CITY, FL 34990**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **1/24/08**

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SINCERBEAU, SCOTT A
STREET ADDRESS	2671 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	P
NAME	MOSLEY, SHAWN
STREET ADDRESS	P.O BOX 681
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	S
NAME	SINCERBEAU, KATHY E
STREET ADDRESS	2671 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	SINCERBEAU, SCOTT A
STREET ADDRESS	2671 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 01/30/08-80008-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **1/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR