## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000166956

FILED Jan 20, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2740 SW MARTIN DOWNS BLVD PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 2740 SW MARTIN DOWNS BLVD P.O. BOX 681 PALM CITY, FL 34990 PALM CITY, FL 34991 US FEI Number: 20-1997955 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: SINCERBEAU, SCOTT A SHAWN, MOSLEY 2740 SW MARTIN DOWNS BLVD 2671 SW GREENWICH WAY PALM CITY, FL 34990 PALM CITY, FL 34990 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: SHAWN MOSLEY 01/20/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SINCERBEAU, SCOTT A SINCERBEAU, SCOTT A Name: Name: 2671 SW GREENWICH WAY 2671 SW GREENWICH WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: PALM CITY, FL 34990 US Title: Title: () Delete () Change () Addition Name: MOSLEY, SHAWN Name: P.O BOX 681 Address: Address: PALM CITY, FL 34990 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SINCERBEAY, KATHY E Name: Name: 2671 SW GREENWICH WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: Title: (X) Delete Title: () Change () Addition SINCERBEAU, SCOTT A Name: Name: Address: 2671 SW GREENWICH WAY Address: City-St-Zip: PALM CITY, FL 34990 US 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: SHAWN MOSLEY P 01/20/2009