

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90031 003 ***150.00

DOCUMENT # P05000006840					
1. Entity Name LOYEDS PEST CONTROL, INC.					
Principal Place of Business 12035 MEADOW LANE SAN ANTONIO, FL 33576			Mailing Address 12035 MEADOW LANE SAN ANTONIO, FL 33576		
2. Principal Place of Business - No P.O. Box # 12235 Knotty Pine Loop Suite, Apt. #, etc. San Antonio City & State FL 33576 Zip Country Pasco		3. Mailing Address P.O. Box 1215 Suite, Apt. #, etc. San Antonio City & State FL Zip 33576 Country Pasco			
4. FEI Number 20-2167850		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOYED, TIMOTHY T 12035 MEADOW LN SAN ANTONIO, FL 33576			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 12235 Knotty Pine Loop City San Antonio FL Zip Code 33576		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOYED, TIMOTHY T 12035 MEADOW LANE SAN ANTONIO, FL 33576	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12235 Knotty Pine Loop San Antonio, FL 33576	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Timothy T. Loyed</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/20/08 (352) 588-3003 Date Daytime Phone #		