

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050822

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MID FLORIDA PEST SERVICES INC

## Current Principal Place of Business:

4150 CR 104  
OXFORD, FL 34484

## New Principal Place of Business:

## Current Mailing Address:

4150 CR 104  
OXFORD, FL 34484

## New Mailing Address:

FEI Number: 20-2644686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEDUKOVICH, RONNIE L  
4150 CR 104  
OXFORD, FL 34484 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FEDUKOVICH, RONNIE L  
Address: 4150 CR 104  
City-St-Zip: OXFORD, FL 34484

Title: S./T ( ) Delete  
Name: FEDUKOVICH, ANNETTE R  
Address: 4150 CR 104  
City-St-Zip: OXFORD, FL 34484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ANNETTE FEDUKOVICH

S./T

04/15/2009

Electronic Signature of Signing Officer or Director

Date