

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90039 038 ***150.00

DOCUMENT # P05000051831	
1. Entity Name ST LAW PEST CONTROL SERVICES INC	

Principal Place of Business 13026 CARLINGTON LANE RIVERVIEW, FL 33569	Mailing Address 13026 CARLINGTON LANE RIVERVIEW, FL 33569
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60025037

2. Principal Place of Business - No P.O. Box # 13026 CARLINGTON LANE	3. Mailing Address 11705 BOYETTE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 413

City & State RIVERVIEW FL	City & State RIVERVIEW FL
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Zip 33579	Country HILLSBOROUGH	Zip 33569	Country HILLSBOROUGH
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01062008 Chg-P CR2E034 (12/06)

4. FEI Number 90-0238969	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VICKERS, WALT 13026 CARLINGTON LANE RIVERVIEW, FL 33569	
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7. Name and Address of New Registered Agent	
Name VICKERS, WALTER	
Street Address (P.O. Box Number is Not Acceptable) 11705 BOYETTE ROAD, SUITE 413	
City RIVERVIEW	Zip Code FL 33569

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VICKERS, WALT 13026 CARLINGTON LANE RIVERVIEW, FL 33569 79 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES VICKERS, BONNIE 13026 CARLINGTON LANE RIVERVIEW, FL 33579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VICKERS, WALTER 13026 CARLINGTON LANE RIVERVIEW, FL 33579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bonn **4-14-08 (813) 677-9777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #