# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 25, 2008**
**Secretary of State**

DOCUMENT# P05000145147

**Entity Name:** HOME SHIELD EXTERMINATING SERVICES, INC.

**Current Principal Place of Business:**

940 SMITH ST APT A
ORANGE CITY, FL 32763

**New Principal Place of Business:**

225 BENTWOOD CT
F
ORANGE CITY, FL 32763

**Current Mailing Address:**

940 SMITH ST APT A
ORANGE CITY, FL 32763

**New Mailing Address:**

225 BENTWOOD CT
F
ORANGE CITY, FL 32763

**FEI Number: 80-0133455** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KICKLIGHTER, EVETTE
940 SMITH ST APT A
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

KICKLIGHTER, EVETTE
225 BENTWOOD CT
F
ORANGE CITY, FL 32763 US

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: 06/25/2008
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete
Name: KICKLIGHTER, EVETTE
Address: 940 SMITH ST APT A
City-St-Zip: ORANGE CITY, FL 32763

Title: T/S ( ) Delete
Name: KICKLIGHTER, EVETTE
Address: 940 SMITH ST APT A
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete
Name: STOUT, SANDRA
Address: 940 SMITH ST APARTMENT E
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition
Name: KICKLIGHTER, EVETTE
Address: 225 BENTWOOD CT APT F
City-St-Zip: ORANGE CITY, FL 32763

Title: T/S (X) Change ( ) Addition
Name: KICKLIGHTER, EVETTE
Address: 225 BENTWOOD CT UNIT F
City-St-Zip: ORANGE CITY, FL 32763

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: EVETTE KICKLIGHTER OWNE 06/25/2008
Electronic Signature of Signing Officer or Director — Date