2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093501

Entity Name: ULTIMATE FUMIGATION AND PEST CONTROL, INC.

FILED Apr 21, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
922 N 24T HOLLYW(H AVE DOD, FL 33020			
Current N	lailing Address:	New Mailing Addres	New Mailing Address:	
922 N 24T HOLLYW	H AVE DOD, FL 33020			
FEI Number	: 20-5243110 FEI Number Applied	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Current Registered	Agent: Name and Address	Name and Address of New Registered Agent:	
The above	HAVE DOD, FL 33020 US	ent for the purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Reg	istered Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribut	tion ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete KELLEY, LORI 922 N 24TH AVE HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete WALTERS, KEENAN 4600 SW 25 STREET HOLLYWOOD, FL 33023 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LORI KELLEY PRES 04/21/2009