

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005698

FILED
Apr 04, 2009
Secretary of State

Entity Name: ABOVE & BELOW PEST CONTROL, INC.

Current Principal Place of Business:

2404 TUDOR HOUSE ST
#101
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

1936 BRUCE B. DOWNS BLVD
PNB 324
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-8218136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DICKERSON, MICHEAL S
1842 THORNHILL ROAD
APT. #108
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

DICKERSON, MICHEAL S
2404 TUDOR HOUSE ST
APT. #101
WESLEY CHAPEL, FL 33544 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: MICHEAL S DICKERSON

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICKERSON, MICHEAL S
Address: 1936 BRUCE B. DOWNS BLVD., PNB 324
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DICKERSON, MICHEAL S
Address: 1936 BRUCE B. DOWNS BLVD., PNB 324
City-St-Zip: WESLEY CHAPEL, FL 33544

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: MICHEAL S DICKERSON

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date