2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099117

City-St-Zip:

ORANGE PARK, FL 32065 US

Entity Name: DISCOVERY PEST CONTROL, INC.

FILED May 29, 2008 Secretary of State

Littly Nai	ile. DISCOVER	RT FEST CONTROL, I	IIVC				
Current Principal Place of Business:				New Principal Place of Business:			
19 FOXTA MIDDLEBU	IL AVE. JRGK, FL 3206	8 US		19 FOXTAI MIDDLEBU	IL AVE. JRG, FL 32068	US	
Current M	ailing Address	:		New Maili	ng Address:		
19 FOXTA MIDDLEBL	IL AVE. JRGK, FL 3206	8 US		19 FOXTAI MIDDLEBU	IL AVE. JRG, FL 32068	US	
FEI Number:	26-0846165	FEI Number Applied For	() FEI Nur	mber Not Appl	icable ()	Certificate of Status Desir	red ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
795 C BLA	ERPRISES, INC NDING BLVD PARK, FL 3206						
The above in the State	named entity su e of Florida.	ubmits this statement fo	or the purpose o	of changing i	ts registered offi	ice or registered agent	:, or both,
SIGNATUR	RE:						
	Electronic	Signature of Register	red Agent	Date			
		(2)(b), F.S., the corporatio Trust Fund Contribution (the prior notic	e.		
OFFICERS	S AND DIRECT	ORS:		ADDITION	S/CHANGES T	O OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	P ()E WAHLSTROM, E 19 FOXTAIL AVE MIDDLEBURG, F			Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E HOSTETTER, VIN 2650 CARDIGAN ORANGE PARK,	CT		Title: Name: Address: City-St-Zip:	CISNEROS, OSC	LANTATION DR. #1913	
Title: Name: Address:	CISNEROS, OSC	Delete AR LANT PKWY #1913		Title: Name: Address:	() (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.

City-St-Zip:

SIGNATURE: ERON A WAHLSTROM P 05/29/2008