

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90095 016 ***150.00

DOCUMENT # P07000106442		
1. Entity Name FLEMING PEST MANAGEMENT, INC.		

Principal Place of Business 4316 1ST STREET S.W. LEHIGH ACRES, FL 33976 US	Mailing Address 4316 1ST STREET S.W. LEHIGH ACRES, FL 33976 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



01112008 Chg-P CR2E034 (12/06)

4. FEI Number 32-C28070	Applied For <input checked="" type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, VICKI 4316 1ST STREET S.W. LEHIGH ACRES, FL 33976		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Vicki Wilson Vicki Wilson President* DATE 4-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

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	P, D WILSON, VICKI 4316 1ST STREET S.W. LEHIGH ACRES, FL 33976	<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	S, T WILSON, VICKI 4316 1ST STREET S.W. LEHIGH ACRES, FL 33976	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Vicki Wilson Vicki Wilson* Date 4/10/08 Daytime Phone # 561-319-3983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR