## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## **Secretary of State DOCUMENT # P07000114623** 02-19-2008 90021 036 \*\*\*150.00 LION PEST & RODENT CONTROL, INC. Principal Place of Business Mailing Address 527 EAST REDWOOD DRIVE 527 EAST REDWOOD DRIVE LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -- -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLECK, WILLIAM A ESQ. Street Address (P.O. Box Number is Not Acceptable) 6650 WEST INDIANTOWN ROAD SUITE 200 JUPITER, FL FL 3-3458 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 DATE Skinature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE ENGLICH, GERALD A NAME NAME STREET ADDRESS STREET ADDRESS 527 EAST REDWOOD DRIVE CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change ENGLICH, ANGELA NAME NAME 527 EAST REDWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK, FL 33403 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 19, 2008 8:00 am