

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051257

FILED
Apr 27, 2009
Secretary of State

Entity Name: NVIROTECT PEST CONTROL SERVICES, INC.

Current Principal Place of Business:

16210 N. FL AVENUE
LUTZ, FL 33549

New Principal Place of Business:

16210 N. FLORIDA AVENUE
LUTZ, FL 33549

Current Mailing Address:

16210 N. FL AVENUE
LUTZ, FL 33549

New Mailing Address:

16210 N. FLORIDA AVENUE
LUTZ, FL 33549

FEI Number: 26-2752587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURRACK, CRAIG A
16210 N. FL AVENUE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

KURRACK, CRAIG A
5952 THOMAS CIR.
LAND O LAKES, FL 34638 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: CRAIG KURRACK

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KURRACK, CRAIG A
Address: 5952 THOMAS CIRCLE
City-St-Zip: LAND O' LAKES, FL 34638

Title: VP () Delete
Name: NORD, CRISTOPH
Address: 16103 LYTHAM DR.
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: GARBER, SETH
Address: 2979 BAYSHORE POINTE DR.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG KURRACK

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date