## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000007973

FILED Apr 19, 2008 Secretary of State

Entity Name: PRO-LINE PROFESSIONAL PEST CONTROL SUPPLIES, INC.

US

Current Principal Place of Business: New Principal Place of Business:

2421 ENTERPRISE RD. ORANGE CITY, FL 32763

Current Mailing Address: New Mailing Address:

2421 ENTERPRISE RD. ORANGE CITY, FL 32763 US

FEI Number: 59-3164781 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GODWIN, WAYNE

2421 ENTERPRISE RD.

ORANGE CITY, FL 32763 US

BOWEN, JOHN M DPST
2421 ENTERPRISE RD.

ORANGE CITY, FL 32763 US

ORANGE CITY, FL 32763 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: JOHN BOWEN 04/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition

 Name:
 GODWIN, WAYNE
 Name:
 BOWEN, JOHN M DPST

 Address:
 2421 ENTERPRISE RD.
 Address:
 2421 ENTERPRISE RD.

 City-St-Zip:
 ORANGE CITY, FL 32763
 City-St-Zip:
 ORANGE CITY, FL 32763

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: JOHN BOWEN DPST 04/19/2008