

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054118

Entity Name: SKIP'S PEST CONTROL, INC.

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

5651 RAE AVE.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

P O BOX 221014
WEST PALM BEACH, FL 33422 US

New Mailing Address:

FEI Number: 65-0427698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTUSZAK, FLOYD T.
5651 RAE AVE.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

PASTUSZAK, FLOYD T
5651 RAE AVE.
WEST PALM BEACH, FL 33407 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: FLOYD T.PASTUSZAK

02/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: PATUSZAK, ANTON F
Address: 5651 RAE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: PD () Delete
Name: PASTUSZAK, FLOYD T.
Address: 565 RAE AVE
City-St-Zip: WEST PALM BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTON PASTUSZAK

VPD

02/07/2009

Electronic Signature of Signing Officer or Director

Date