2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# P93000082249

Entity Name: NEWPORT PEST CONTROL, INC.

Current Principal Place of Business:

5615 SAREN DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

1933 HARPOON DRIVE
HOLIDAY, FL 34690

Current Mailing Address:

PO BOX 1391
ELFERS, FL 34680

New Mailing Address:

FEI Number: 59-3219359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATTONITO, JEANNE F
5615 SAREN DR.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

EDWARDS, JUDITH E
1933 HARPOON DRIVE
HOLIDAY, FL 34690 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: JUDITH E. EDWARDS 05/26/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: ATTONITO, JEANNE F
Address: 5615 SAREN DR
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: EDWARDS, JUDITH E
Address: 1933 HARPOON DRIVE
City-St-Zip: HOLIDAY, FL 34690 US

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: JUDITH E. EDWARDS PRES 05/26/2009
Electronic Signature of Signing Officer or Director Date