

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000004570

Entity Name: LEECO PEST CONTROL, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

P O BOX 943
LADY LAKE, FL 32159

New Principal Place of Business:

41620 CR 25
LADY LAKE, FL 32159

Current Mailing Address:

P O BOX 943
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3225067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODA, LEON G
41620 CR 25
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: RSVP () Delete
Name: WISEZENS, PATTY
Address: 18530 S.E. 25TH PL
City-St-Zip: OCKLAWAHA, FL 32179

Title: ASVP () Delete
Name: KEITH, PATRICIA K
Address: 12925 SE 117 CT
City-St-Zip: OCKLAWAHA, FL 32183

Title: ASVP () Delete
Name: GEYMAN, MARK E
Address: P O BOX 526
City-St-Zip: OCKLAWAHA, FL 32183

Title: AVP () Delete
Name: HONAKER, LORRIE E
Address: P O BOX 124
City-St-Zip: OCKLAWAHA, FL 32183

Title: ASVP () Delete
Name: HONAKER, JOHN D
Address: P O BOX 124
City-St-Zip: OCKLAWAHA, FL 32183

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRODA, LEON G
Address: P O BOX 943
City-St-Zip: LADY LAKE, FL 32159

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

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

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

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

Title: ASVP () Change (X) Addition
Name: CRAVEIRO, KEITH A
Address: 12925 S E 117 CT
City-St-Zip: OCKLAWAHA, FL 32179

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: LEON G BRODA

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date