2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085156

MORALES, EFRAIN

RIVERVIEW, FL 33569

10902 SUMMERTON DRIVE

Name:

Address:

City-St-Zip:

FILED Feb 06, 2009 Secretary of State

Entity Nai	me: HIGH TECH	PEST CONTROL & AQUA	TICS, INC.		
Current P	rincipal Place of	f Business:	New Principal Plac	New Principal Place of Business:	
1101 LEIS TAMPA, F	URE AVENUE L 33613 US		2711 SPRING GRE LUTZ, FL 33559	2711 SPRING GREEN LUTZ, FL 33559 US	
Current M	lailing Address:		New Mailing Addre	New Mailing Address:	
PO B 2719 TAMPA, F					
FEI Number:	: 59-3274480	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cui	rent Registered Agent:	Name and Address	of New Registered Agent:	
PHAGAN, WILLIAM C JR. 1101 LEISURE AVENUE TAMPA, FL 33613 US			•	PHAGAN, WILLIAM C JR. 2711 SPRING GREEN LUTZ, FL 33559 US	
	named entity sub of Florida.	omits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				02/06/2009	
	Electronic	Signature of Registered Age	ent	Date	
Election Car	npaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () De PHAGAN, WILLIAN PO BOX 271908 TAMPA, FL 33618	∕ICJR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De DICKINSON, RICH 10239 N. VALLE D TAMPA, FL 33612	IARD S PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De WESTBROOK, JE 8096 PINECONE (FT. MEADE, FL 3	RRY E CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) DO MARSH, TIMOTHY 510 N. ST. CLOUD VALRICO, FL 335	W AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (X) D	elete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM C. PHAGAN D 02/06/2009