

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094454

FILED
Jul 30, 2009
Secretary of State

Entity Name: ABSOLUTE PEST CONTROL, INC.

Current Principal Place of Business:

1625 SE 40 TERRACE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

411 18 STREET S.E.
NAPLES, FL 34117 US

Current Mailing Address:

P.O. BOX 770565
NAPLES, FL 341070565 US

New Mailing Address:

FEI Number: 65-0629713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNY, DAVID M
1625 SE 40 TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

KENNY, DAVID M
411 18 STREET S.E.
NAPLES, FL 34117 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: _____ 07/30/2009
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: PD () Delete
Name: KENNY, DAVID M
Address: 1625 SE 40 TERRACE
City-St-Zip: CAPE CORAL, FL 33902 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KENNY, DAVID M
Address: 411 18 STREET S.E.
City-St-Zip: NAPLES, FL 34117 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: DAVID KENNY PD 07/30/2009
Electronic Signature of Signing Officer or Director Date