

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001662

Entity Name: PEST PRESCRIPTION INC.

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

498 INDIAN CR. DR.  
COCOA BEACH, FL 32931

## New Principal Place of Business:

498 INDIAN CR. DR.  
COCOA BEACH, FL 32931 US

## Current Mailing Address:

498 INDIAN CR. DR.  
H  
COCOA BEACH, FL 32931

## New Mailing Address:

498 INDIAN CR. DR.  
COCOA BEACH, FL 32931

FEI Number: 59-3417609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCIARAPPA, JOE  
498 INDIAN CREEK DR  
COCOA BEACH, FL 32931 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: D ( ) Delete  
Name: SCIARAPPA, JOE  
Address: 498 INDIAN CREEK DR  
City-St-Zip: COCOA BEACH, FL 32931

Title: VP ( ) Delete  
Name: SCIARAPPA, SHELLY  
Address: 498 INDIAN CIRCLE DR.  
City-St-Zip: COCOA BEACH, FL 32931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SCIARAPPA, JOE  
Address: 498 INDIAN CREEK DR  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP (X) Change ( ) Addition  
Name: SCIARAPPA, SHELLY  
Address: 498 INDIAN CIRCLE DR.  
City-St-Zip: COCOA BEACH, FL 32931 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: JOE SCIARAPPA

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date