

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006005

Entity Name: SLICKER EXTERMINATORS, INC.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

5244 ST RD 54
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P O BOX 5304
HUDSON, FL 346745304

New Mailing Address:

FEI Number: 59-3428288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLICKER, THOMAS F
13603 ALLYN DRIVE
HUDSON, FL 34667 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: SLICKER, THOMAS F
Address: 13603 ALLYN DRIVE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS F. SLICKER

OWNR

01/26/2009

Electronic Signature of Signing Officer or Director

Date