

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105856

FILED
Apr 08, 2008
Secretary of State

Entity Name: PROFESSIONAL SOLUTIONS FOR PEST CONTROL, INC.

Current Principal Place of Business:

4348 MEADOWLAND CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

4348 MEADOWLAND CIRCLE
SARASOTA, FL 34233 US

Current Mailing Address:

4348 MEADOWLAND CIRCLE
SARASOTA, FL 34233

New Mailing Address:

4348 MEADOWLAND CIRCLE
SARASOTA, FL 34233 US

FEI Number: 65-0799917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWEED, J M
4348 MEADOWLAND CIRCLE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

TWEED, JOHN M PRES
4348 MEADOWLAND CIRCLE
SARASOTA, FL 34233 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: JOHN MICHAEL TWEED, PRES.

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TWEED, J M
Address: 4348 MEADOWLAND CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: VTS () Delete
Name: TWEED, EILEEN M
Address: 4348 MEADOWLAND CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TWEED, JOHN M
Address: 4348 MEADOWLAND CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: VTS (X) Change () Addition
Name: TWEED, EILEEN M
Address: 4348 MEADOWLAND CIRCLE
City-St-Zip: SARASOTA, FL 34233

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: EILEEN M TWEED

VTS

04/08/2008

Electronic Signature of Signing Officer or Director

Date