2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P98000010088

Entity Name: MIKE'S PEST CONTROL, INC.

Current Principal Place of Business:

4630 SADDLE CREEK RUN ROAD
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

4630 SADDLE CREEK RUN ROAD
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3606796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLE, MICHAEL A
4630 SADDLE CREEK RUN ROAD
NEW SMYRNA BEACH, FL 32168 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: P ( ) Delete
Name: LEAR, SUSAN
Address: 373 BENT OAK DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: V ( ) Delete
Name: SHERIDAN, BETH
Address: 136 SALVADORE PLACE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TS ( ) Delete
Name: SHERIDAN, JOSEPH
Address: 136 SALVADORE PLACE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: SHERIDAN, BETH
Address: 4620 SADDLE CREEK RUN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TS (X) Change ( ) Addition
Name: SHERIDAN, JOSEPH
Address: 4620 SADDLE CREEK RUN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MIKE POOLE PRES 04/22/2009
Electronic Signature of Signing Officer or Director Date