2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

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DOCU 1. Entity Nam	IMENT # P980000812		Secretary of St				
	HOICE PEST CONTROL, INC				na na marang 1944 ang 1944 an Tanggarang ang 1944		
,	ce of Business	Mailing Address		1		•	
17420 US H 102		17420 US HWY 41 N. 102			••		
LUTZ, FL 33	3549	LUTZ, FL 33549			HANDI NAKIN BANIK BANIN BANIK		
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, " . 	O NOT WALLE	IN THIS SEM	NE .	4. FEI Number 59-3531			Applied For Not Applicable
` .	•	:	,u		of Status Desired		75 Additional
	6. Name and Address of Current Re	enistered Agent	<u> </u>	9. Gui			Required
224 140				·		· — —	<i>t</i> ,
	PRESS SHORES DR			, DO	NOT W	RITE	
LUTZ, FL				IN T	HIS SP	ACE	
						, , , , , , , , , , , , , , , , , , ,	
8. The above	e named entity submits this statement for the	he purpose of changing its registe	ered office or registe	ered agent, or both	n in the State of Flo	vida. I am famili:	ar with and accept
the obligat	ations of registered agent.	to parpose or comigning in	100 0	100 ago,	I III IIIO GIGILI I	Thomas y and a second	# 17hi , w
SIGNATURE.	Signature, typed or printed name of registered agent and	u tide if applicable (NOTE Registe	red Agent signature required	d when reinslaking)		DATE	
FIL After M	LE NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina	ancing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS	.,,			- KW T	THE MENTAL PROPERTY.
TITLE NAME	PV COX, JACK						And the state of t
STREET ADDRESS	18806 CYPRESS SHORES DR				1	X	
CITY-ST-ZIP	LUTZ, FL 33549				00000 90√09√20 ←	10945623 1 20018-0	n4 150.00
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CITY-ST-ZIP	LUTZ, FL 33549		4	the second	The Marie	Company of the	The State of the
TITLE NAME			母の は は	The Lording	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	糖素物 产型	
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TITLE			4			INII III. į	
NAME		ח הת ח	1	g IN I	THIS SP	ACE	
STREET ADDRESS		N1/4/11		1 Pr. 1	man man		
CITY-ST-ZIP	- CALTITION TITE		-			4	34
NAME			1011				100
STREET ADDRESS CITY-ST-ZIP				2 414	May State	rapat a series	er Terretain
TITLE			-			1. A. C.	The state of
			■ N	The Particle Carp Trans.	المالية المراجع المراجع	a figure	(* * * * * * * * * * * * * * * * * * *

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

				E :	

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/35/08

813-948-0835