

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000011243

FILED
May 27, 2008
Secretary of State**Entity Name:** R.I.P PEST CONTROL & LAWN SPRAYING, INC**Current Principal Place of Business:**9193 SW 49 PL
COOPER CITY, FL 33328**New Principal Place of Business:****Current Mailing Address:**9193 SW 49 PL
COOPER CITY, FL 33328**New Mailing Address:****FEI Number:** 65-0903212**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HESS, RAMONA B
9193 SW 49 PL
COOPER CITY, FL 33328 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HESS, MATTHEW L OWNER
Address: 9193 SW 49 PL
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: TOMAS J FERNANDEZ,
Address: 2011 NORTH 49 AVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HESS, MATTHEW L PRES
Address: 9193 SW 49 PL
City-St-Zip: COOPER CITY, FL 33328

Title: VP (X) Change () Addition
Name: FERNANDEZ, TOMAS J VP
Address: 2011 NORTH 49 AVE
City-St-Zip: HOLLYWOOD, FL 33021

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: MATTHEW HESS

PRES

05/27/2008

Electronic Signature of Signing Officer or Director

Date