

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104717

FILED
Mar 12, 2009
Secretary of State

Entity Name: HENDERSON PEST ELIMINATION, INC

Current Principal Place of Business:

1655 EAST SEMORAN BLVD
SUITE 32
APOPKA, FL 32703

New Principal Place of Business:

1655 EAST SEMORAN BLVD
SUITE 32
APOPKA, FL 327035647 US

Current Mailing Address:

1655 EAST SEMORAN BLVD
SUITE 32
APOPKA, FL 32703

New Mailing Address:

1655 EAST SEMORAN BLVD
SUITE 32
APOPKA, FL 327035647 US

FEI Number: 59-3629548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLEOD, WILLIAM J
48 E MAIN STREET
PO DRAWER 950
APOPKA, FL 32704 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 (X).

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HENDERSON, JOHNIE A
Address: 1500 ERROL PARKWAY
City-St-Zip: APOPKA, FL 32712

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: JOHNIE A HENDERSON

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date