

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42807

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** LICENSED TO KILL, INC. - THE PEST CONTROL PROFESSIONALS

**Current Principal Place of Business:**

1440 CORAL RIDGE DR.  
#133  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

1440 CORAL RIDGE DR.  
#133  
POMPANO BEACH, FL 33071 US

**New Mailing Address:**

**FEI Number:** 65-0257956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIETRIB DEBORAH S  
5810 NW 63RD PLACE  
PARKLAND, FL 33067 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RIETRIB, JERRY  
Address: 5810 NW 63RD PL  
City-St-Zip: PARKLAND, FL

**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: JERRY RIETRIB

PRES

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date