

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S93163

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: COUNTRY BOY PEST CONTROL, INC.

## Current Principal Place of Business:

217 BOMBER RD.  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

217 BOMBER ROAD  
WINTER HAVEN, FL 33880

## Current Mailing Address:

217 BOMBER RD.  
WINTER HAVEN, FL 33880

## New Mailing Address:

217 BOMBER ROAD  
WINTER HAVEN, FL 33880

FEI Number: 59-3096451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDERSON, CHARLES R  
29A LK ARROWHEAD DR  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

HENDERSON, CHARLES R  
217 BOMBER ROAD  
WINTER HAVEN, FL 33880 US

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: CHARLES R. HENDERSON

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: HENDERSON, CHARLES R  
Address: 29A LK ARROWHEAD DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete  
Name: HENDERSON, PAM  
Address: 29A LK ARROWHEAD DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Delete  
Name: MOBLEY, JACK  
Address: 219 ST. ROAD 559  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: HENDERSON, CHARLES R  
Address: 217 BOMBER ROAD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Change ( ) Addition  
Name: HENDERSON, RON M  
Address: 217 BOMBER ROAD  
City-St-Zip: WINTER HAVEN, FL 33880

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: CHARLES R. HENDERSON

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date