


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00
Secretary of State

DOCUMENT # J70282
 1. Entity Name
IMPERIAL PEST CONTROL SERVICES, INC.



Principal Place of Business Mailing Address
5943 SW 21ST STREET **4617 ADAMS ST**
WEST PARK, FL 33023 US **HOLLYWOOD HILLS, FL 33021 US**

DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2803924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, JUAN M.
4617 ADAMS ST
HOLLYWOOD HILLS, FL 33021

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000853208
 03/26/08-80059-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JUAN M. 4617 ADAMS ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERNANDEZ, MAGDALENA R. 4617 ADAMS ST HOLLYWOOD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03/10/08 Daytime Phone # _____