

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714998

FILED
Apr 12, 2010
Secretary of State

Entity Name: FLORIDA PEST MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

6882 EDGEWATER COMMERCE PARKWAY
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6882 EDGEWATER COMMERCE PARKWAY
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-0839828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUGLER, ALLEN M
6882 EDGEWATER COMMERCE PARKWAY
ORLANDO, FL 32810 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: T
Name: COOKSEY, JOHN
Address: 2861 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: S
Name: RILEY, BILLY
Address: 604 ELM ST
City-St-Zip: NICEVILLE, FL 32578

Title: PP
Name: HULETT, TIM
Address: 7670 OKEECHOBEE BLVD.
City-St-Zip: W. PALM BEACH, FL 33411

Title: PRES
Name: WILLIAMSON, JAMES H
Address: 530 OMAHA ST
City-St-Zip: PALM HARBOR, FL 34683

Title: PE
Name: BROCK, TIM
Address: 802 W HWY 90
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP
Name: BRAKER, GEORGE
Address: 2200 NW BOCA RATON BLVD STE 111
City-St-Zip: BOCA RAON, FL 33431

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H. WILLIAMSON

PRES

04/12/2010

Electronic Signature of Signing Officer or Director

Date