

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001966

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC.

**Current Principal Place of Business:**

6635 W COMMERCIAL BLVD  
SUITE 201  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

6635 W COMMERCIAL BLVD  
SUITE 201  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 65-0572961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEINBERG, STEVEN A ESQ.  
8000 PETERS ROAD  
PLANTATION, FL 33324 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: PR  
Name: SCHLESSINGER, DAVE  
Address: 7000 FOUNTAINBLEAU CRESCENT  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP  
Name: BARTLEY, JIM  
Address: 186 BENT ARROW  
City-St-Zip: JUPITER, FL 33458

Title: S  
Name: JONOVICH, JOE  
Address: 7670 OKEECHOBEE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ED  
Name: BECKERS, MICHAEL  
Address: 6635 W COMMERCIAL BLVD #201  
City-St-Zip: TAMARAC, FL 33319

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: TERRI USHA

GM

04/10/2012

Electronic Signature of Signing Officer or Director

Date