

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H54813

**Entity Name:** ALL POINTS PEST CONTROL CORP.

**Current Principal Place of Business:**

1146 SW 149TH LANE  
SUNRISE, FL 33326

**Current Mailing Address:**

P. O. BOX 291243  
DAVIE, FL 33329 US

**FEI Number:** 59-2519746

**Certificate of Status Desired:** No

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

SCHICKLER, KENNETH  
1146 SW 149TH LANE  
SUNRISE, FL 33326 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	SCHICKLER, KENNETH	Name	SCHICKLER, MERYL
Address	1146 SW 149TH LANE	Address	1146 SW 149TH LANE
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326

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

**SIGNATURE:** MERYL SCHICKLER

VP

04/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date