

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000109881

**Entity Name:** XTREME PEST CONTROL, INC.

**Current Principal Place of Business:**

4407 PELICAN BLVD  
CAPE CORAL, FL 33914

**Current Mailing Address:**

4407 PELICAN BLVD  
CAPE CORAL, FL 33914 US

**FEI Number:** 65-1058322

**Certificate of Status Desired:** No

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

GIAMMARUSTO, JENNIFER  
4407 PELICAN BLVD  
CAPE CORAL, FL 33914 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 PD  
Name GIAMMARUSTO, JENNIFER  
Address 4407 PELICAN BLVD  
City-State-Zip: CAPE CORAL FL 33914

Title T  
Name GIAMMARUSTO, MICHELE  
Address 4407 PELICAN BLVD  
City-State-Zip: CAPE CORAL FL 33914

*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:** MICHELE GIAMMARUSTO

**PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date