

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000016648

**Entity Name:** AMERI-PRIDE PEST CONTROL SERVICES, INC.

**Current Principal Place of Business:**

16485 U.S. HWY 19 N  
CLEARWATER, FL 33764

**Current Mailing Address:**

16485 U.S. HWY 19 N  
CLEARWATER, FL 33764 US

**FEI Number:** 27-4348173

**Certificate of Status Desired:** No

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

SHEHU, FATBARDH  
16485 U.S. HWY 19 N  
CLEARWATER, FL 33764 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            D  
Name            SHEHU, FATBARDH  
Address        16485 U.S. HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title            D  
Name            SHEHU, SOKOL  
Address        16485 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

*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:** FATBARDH SHEHU

**PRESIDENT**

**01/14/2016**

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

\_\_\_\_\_  
Date