

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000015680

**Entity Name:** THE OTHER SIDE LAWN AND ORNAMENTAL PEST CONTROL, INC

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC2362927255**

**Current Principal Place of Business:**

5144 LUNN RD  
LAKELAND, FL 33811

**Current Mailing Address:**

P.O. BOX 7606  
LAKELAND, FL 33807

**FEI Number: 32-0277794**

**Certificate of Status Desired: No**

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

SHENEFIELD, JEFFREY T  
300 PATTEN HEIGHTS ST  
LAKELAND, FL 33803 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            | HERRINGTON, DAVID S | Name            | HERRINGTON, AMANDA E |
| Address         | 5144 LUNN RD        | Address         | 5144 LUNN RD         |
| City-State-Zip: | LAKELAND FL 33811   | City-State-Zip: | LAKELAND FL 33811    |

*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: AMANDA HERRINGTON**

**VICE PRESIDENT**

**01/15/2013**

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

\_\_\_\_\_  
Date