

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000043371

**Entity Name:** EASTERN EXTERMINATING, INC.

**Current Principal Place of Business:**

953 NW 3RD AVE, SUITE 11  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

953 NW 3RD AVE, SUITE 11  
FLORIDA CITY, FL 33034 US

**FEI Number:** 65-0494903

**Certificate of Status Desired:** No

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

PORTER, LORI A  
953 NW 3RD AVE, SUITE 11  
FLORIDA CITY, FL 33034 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 DP  
Name PORTER, LORI A  
Address 953 NW 3RD AVE, SUITE 11  
City-State-Zip: FLORIDA CITY FL 33034

Title DSVP  
Name PORTER, POWELL  
Address 953 NW 3RD AVE, SUITE 11  
City-State-Zip: FLORIDA CITY FL 33034

Title D  
Name STOREY, JUSTIN C  
Address 953 NW 3RD AVE, SUITE 11  
City-State-Zip: FLORIDA CITY FL 33034

Title T  
Name STOREY, MARIA L  
Address 953 NW 3RD AVE, SUITE 11  
City-State-Zip: FLORIDA CITY FL 33034

*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:** LORI A PORTER

**PRESIDENT**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date