**Entity Name:** BRIAN'S PERSONALIZED PEST CONTROL AND LAWN CARE, INC.

**Current Principal Place of Business:**
119 WEST LAKE WALES ROAD NORTH
LAKE WALES, FL 33853

**Current Mailing Address:**
P.O. BOX 1304
LAKE WALES, FL 33859-1304

**FEI Number:** 59-3587682

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**
VANBLARGAN, BRIAN J
4352 DINNER LAKE BLVD.
LAKE WALES, FL 33859 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:**

<table>
<thead>
<tr>
<th>Electronic Signature of Registered Agent</th>
<th>Date</th>
</tr>
</thead>
</table>

**Officer/Director Detail:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPTS</td>
<td>VANBLARGAN, BRIAN J</td>
<td>4352 DINNER LAKE BLVD.</td>
<td>LAKE WALES FL 33859</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DV</td>
<td>VANBLARGAN, CLARA R</td>
<td>4352 DINNER LAKE BLVD.</td>
<td>LAKE WALES FL 33859</td>
</tr>
</tbody>
</table>

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:** BRIAN J. VANBLARGAN

<table>
<thead>
<tr>
<th>Electronic Signature of Signing Officer/Director Detail</th>
<th>Date</th>
</tr>
</thead>
</table>

**FILED**
Feb 04, 2013
Secretary of State
CC0970025139

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**
DOCUMENT# P99000044445