

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 188061

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** A-2-Z TERMITE AND PEST CONTROL CORPORATION OF OCALA

**Current Principal Place of Business:**

2612 NE 24TH ST  
OCALA, FL 34470938 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1021  
OCALA, FL 32678 US

**New Mailing Address:**

**FEI Number:** 59-0816576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEEK, TOM  
2612 NE 24TH STREET  
OCALA, FL 34470 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PEEK, TOM  
Address: 1734 SE 13TH ST  
City-St-Zip: OCALA, FL 34471

Title: VP  
Name: PEEK, TOM JR.  
Address: 3033 SE FT. KING STREET  
City-St-Zip: OCALA, FL 34470 US

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: TOM PEEK

PD

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date