

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 232846

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** PENINSULAR PEST CONTROL SERVICE, INC.

**Current Principal Place of Business:**

CAROLYN D RICHARDSON  
2609 PHYLLIS ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

CAROLYN D RICHARDSON  
2609 PHYLLIS ST  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-0884062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, TOWERS, BAILEY, JONES & GAY  
WRIGHT, DONALD C., ESQUIRE  
1301 GULF LIFE DRIVE, SUITE 1500  
JACKSONVILLE, FL 32207 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: CCD  
Name: DIXON, R EARL  
Address: 2609 PHYLLIS STREET  
City-St-Zip: JACKSONVILLE, FL

Title: VT  
Name: DIXON, LOUISE W  
Address: 2609 PHYLLIS STREET  
City-St-Zip: JACKSONVILLE, FL

Title: PD  
Name: RICHARDSON, CAROLYN  
Address: 2609 PHYLLIS STREET  
City-St-Zip: JACKSONVILLE, FL

Title: V  
Name: SHEPHERD, TERRY  
Address: 2609 PHYLLIS ST  
City-St-Zip: JACKSONVILLE, FL

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: CAROLYN D RICHARDSON

PRES

03/28/2012

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

\_\_\_\_\_  
Date