## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 340233**

FILED Apr 10, 2009 Secretary of State

Entity Name: CAPELOUTO TERMITE & PEST CONTROL INC

urrent P	rincipal Place	OI DUSINESS:	New Principal Place	OI DUSIIIESS.
	FAL CIR NE SSEE, FL 3230	01 US		
urrent N	lailing Addres	s:	New Mailing Addres	es:
	FAL CIR NE SSEE, FL 3230	01 US		
El Number	: 59-1230439	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
022 STA	JTO, RAYMONI NDING PINES SSEE, FL 3231	LANE		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the Stat	e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,  Date
the Stat	e of Florida.  RE: Electron			
the State	e of Florida.  RE: Electron	ic Signature of Registered Ag g Trust Fund Contribution().	rent	
the State	e of Florida.  RE: Electron  mpaign Financing  S AND DIREC  P ()	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete RAYMOND AARON G PINES LANE	rent	Date
the State IGNATU Rection Car OFFICER tte: ame: ddress:	e of Florida.  RE: Electron  mpaign Financing  S AND DIREC  P () CAPELOUTO, F 7022 STANDING TALLAHASSEE	ic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete RAYMOND AARON G PINES LANE , FL 32312  Delete GRANT IR NE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMOND A. CAPELOUTO PRES 04/10/2009