

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 390069

FILED
Feb 11, 2009
Secretary of State

Entity Name: TRAVIS PEST MANAGEMENT, INC.

Current Principal Place of Business:

2541 SE CLAYTON STREET
STUART, FL 349975017 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1906
STUART, FL 349951906 US

New Mailing Address:

FEI Number: 59-1363454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVIS, GERALD P
2541 CLAYTON ST
STUART, FL 34997 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAVIS, GERALD,
Address: 1275 NW PINE LAKE DR
City-St-Zip: STUART, FL

Title: DVS () Delete
Name: TRAVIS, BERTIE,
Address: 1275 NW PINE LAKE DR
City-St-Zip: STUART, FL

Title: D () Delete
Name: TRAVIS, GERALD J
Address: 12013 FRUITWOOD DR
City-St-Zip: RIVERVIEW, FL

Title: D () Delete
Name: JONES, KAREN
Address: 792 NW WATERLILY PL
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: TRAVIS, CHRISTOPHER
Address: 405 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: POLLARD, ANITA
Address: 4132 CEDARGATE DR
City-St-Zip: FORT COLLINS, CO 80526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GERALD P. TRAVIS

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date