

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 590461

FILED
Mar 26, 2009
Secretary of State

Entity Name: BAKER PEST CONTROL, INC.

Current Principal Place of Business:

205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320841295

New Principal Place of Business:

Current Mailing Address:

205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320841295

New Mailing Address:

FEI Number: 59-1890361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, PATRICIA S
205 S PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 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: P () Delete
Name: BAKER, PATRICIA S
Address: 3149 COUNTRY CREEK LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V () Delete
Name: BAKER, JAMES R
Address: 2540 DEERWOOD ACRES DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V () Delete
Name: BAKER, JAMES D
Address: 4120 TALL TREES LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ST () Delete
Name: DOWDY, CATHY B
Address: 5061 VOGEL ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

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:

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: CATHY B. DOWDY

SEC.

03/26/2009

Electronic Signature of Signing Officer or Director

Date