

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 610207

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** ACE PEST CONTROL, INCORPORATED

**Current Principal Place of Business:**

110 N.W. 4TH ST.  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

110 NW 4TH ST  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

110 N.W. 4TH ST.  
OKEECHOBEE, FL 34972

**New Mailing Address:**

110 NW 4TH ST  
OKEECHOBEE, FL 34972

**FEI Number:** 59-1933464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, C.RANDALL  
12950 NE 18TH AVE  
OKEECHOBEE, FL 34972 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: PTD  
Name: WRIGHT, C.RANDALL  
Address: 12950 NE 18TH AVE  
City-St-Zip: OKEECHOBEE, FL

Title: SD  
Name: WRIGHT, DEBORAH R.  
Address: 12950 NE 18TH AVE  
City-St-Zip: OKEECHOBEE, 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: JW GAINES

CPA

01/19/2011

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

\_\_\_\_\_  
Date