

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 27, 2011  
Secretary of State**

**DOCUMENT# 632278**

**Entity Name:** ARROW PEST SERVICE, INC.

**Current Principal Place of Business:**

823 S. TYNDALL PKWY  
PANAMA CITY, FL 32404 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 10115  
PANAMA CITY, FL 32404 US

**New Mailing Address:**

**FEI Number: 59-1928678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )**

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

GLOVER, TERRY  
6217 SEMINOLE DR  
PANAMA CITY, FL 32404 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: P  
Name: GLOVER, TERRY  
Address: 6217 SEMINOLE DR.  
City-St-Zip: PANAMA CITY, FL

Title: ST  
Name: GLOVER, VICKIE  
Address: 6217 SEMINOLE DR.  
City-St-Zip: PANAMA CITY, FL

Title: VP  
Name: GRISWOLD, GARY  
Address: 5410 BLUE DOG ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: TR  
Name: GRISWOLD, TERESA  
Address: 5410 BLUE DOG ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: VP  
Name: GLOVER, WILLIAM M  
Address: 3713 CR 2321  
City-St-Zip: SOUTHPORT, FL 32409

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: TERRY M GLOVER

PRES

04/27/2011

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

\_\_\_\_\_  
Date