

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 660248

FILED
Apr 19, 2009
Secretary of State

Entity Name: ACTION PEST CONTROL OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

1241 W THARPE ST
13
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

702 TRUETT DR
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-1979560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGGS, DOUGLAS C.
702 TRUETT DRIVE
TALLAHASSEE, FL 32303 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: D () Delete
Name: BAGGS, DOUGLAS G.
Address: 702 TRUETT DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: STD () Delete
Name: BAGGS, LISE C.
Address: 702 TRUETT DRIVE
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPO (X) Change () Addition
Name: BAGGS, DOUGLAS G
Address: 702 TRUETT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: SEC. (X) Change () Addition
Name: BAGGS, LISE C
Address: 702 TRUETT DRIVE
City-St-Zip: TALLAHASSEE, FL

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: DOUGLAS G. BAGGS

CPO

04/19/2009

Electronic Signature of Signing Officer or Director

Date