

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G43585

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

3555 1ST AVE NORTH  
ST PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11061  
ST PETERSBURG, FL 33733 US

**New Mailing Address:**

3555 1ST AVE NORTH  
ST PETERSBURG, FL 33713 US

**FEI Number:** 59-2305675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBOWITZ, LOU  
3555 1ST AVE. NORTH  
SAINT PETERSBURG, FL 33713 US

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

JACOBOWITZ, LOUIS  
3555 1ST AVE. NORTH  
SAINT PETERSBURG, FL 33713 US

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:** LOUIS JACOBOWITZ

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JACOBOWITZ, LOUIS  
**Address:** 3555 1ST AVE NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33713

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:** LOUIS JACOBOWITZ

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date