

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H59950

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** ALPHA & OMEGA EXTERMINATORS, INC.

**Current Principal Place of Business:**

1705 ROGERO RD  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

45084 AMERICAN DREAM DRIVE  
CALLAHAN, FL 32011 US

**Current Mailing Address:**

P O BOX 8594  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

**FEI Number:** 59-2541951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITCOMB, CARROL K  
1705 ROGERO RD  
JACKSONVILLE, FL 32211 US

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

WHITCOMB, CARROL K  
45084 AMERICAN DREAM DRIVE  
CALLAHAN, FL 32011 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/21/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: WHITCOMB, CARROL K  
Address: 45084 AMERICAN DREAM DRIVE  
City-St-Zip: CALLAHAN, FL 32011

Title: VPSD  
Name: WHITCOMB, JODYE  
Address: 45084 AMERICAN DREAM DRIVE  
City-St-Zip: CALLAHAN, FL 32011

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: CARROL K WHITCOMB

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03/21/2012

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

\_\_\_\_\_  
Date