

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H74708

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** GARY'S QUALITY PEST CONTROL, INC.

**Current Principal Place of Business:**

1017 SE 12TH AVE  
UNIT D  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1017 SE 12TH AVE  
UNIT D  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 59-2594858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASCHMIDT, GARY R  
101 SE 46 ST.  
CAPE CORAL, FL 33904 US

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

MASCHMIDT, GARY R  
16276 NAUTICAL WAY  
UNIT 1402  
BOKEELIA, FL 33922 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

03/10/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MASCHMIDT, GARY R PD  
Address: 16276 NAUTICAL WAY  
City-St-Zip: BOKEELIA, FL 33922

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: GARY R MASCHMIDT

PD

03/10/2011

Electronic Signature of Signing Officer or Director

Date