

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J82518

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** EXECUTIVE PEST CONTROL & LAWN CARE, INC.

**Current Principal Place of Business:**

102 BARKFIELD STREET  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

102 BARKFIELD STREET  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 59-2819433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLETTI, RICHARD F  
102 BARKFIELD STREET  
BRANDON, FL 33511 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: DP  
Name: POLETTI, RICHARD F  
Address: 102 BARKFIELD ST  
City-St-Zip: BRANDON, FL

Title: DS  
Name: POLETTI, K  
Address: 102 BARKFIELD ST  
City-St-Zip: BRANDON, FL

Title: VP  
Name: HILL, ELIZABETH A  
Address: 569 SUWANEE CIRCLE  
City-St-Zip: TAMPA, FL 33606

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: RICHARD F. POLETTI

PRES

03/15/2011

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

\_\_\_\_\_  
Date