

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83265

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** WILKIN PEST CONTROL, INC.

**Current Principal Place of Business:**

WILKIN PEST CONTROL, INC.  
929 PENFIELD COVE  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

WILKIN PEST CONTROL, INC.  
PO BOX 4304  
SANFORD, FL 32271 US

**New Mailing Address:**

WILKIN PEST CONTROL, INC.  
PO BOX 4304  
SANFORD, FL 32772 US

**FEI Number:** 59-2826197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOVER, STEPHEN H.  
230 N PARK AVE  
SANFORD, FL 32771 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: DPST  
Name: WILKIN, HARRY R.  
Address: 929 PENFIELD COVE  
City-St-Zip: SANFORD, FL 32773

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: HARRY R. WILKIN

DPST

04/29/2010

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

\_\_\_\_\_  
Date