

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K19661

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** ALL R'S PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

334 59TH LANE S  
ST PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

334 59TH LANE S  
ST PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 59-2879529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KASARIS, DANIEL C ESQ  
3643 1ST AVE NO  
ST PETERSBURG, FL 33713 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: HOOVER, RICHARD  
Address: 334 59TH LANE S  
City-St-Zip: ST PETERSBURG, FL

Title: DVS  
Name: HOOVER, ROBYN  
Address: 334 59TH LANE S  
City-St-Zip: ST PETERSBURG, FL

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: ROBYN A. HOOVER

DVS

03/22/2011

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

\_\_\_\_\_  
Date