

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28790

FILED  
Jan 04, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2771 VISTA PARKWAY  
SUITE F-10  
WEST PALM BEACH, FL 334114622 US

**New Principal Place of Business:**

**Current Mailing Address:**

2771 VISTA PARKWAY  
SUITE F-10  
WEST PALM BEACH, FL 334114622 US

**New Mailing Address:**

**FEI Number:** 65-0066307      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TRICE, RONALD N.  
8390 PIONEER ROAD  
WEST PALM BEACH, FL 33411 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: P  
Name: TRICE, RONALD N  
Address: 8390 PIONEER ROAD  
City-St-Zip: WEST PALM BEACH, FL

Title: V  
Name: TRICE, MARY S.  
Address: 8390 PIONEER RD  
City-St-Zip: WEST PALM BEACH, FL

Title: S  
Name: TRICE, MARY S.  
Address: 8390 PIONEER RD  
City-St-Zip: W. PALM BCH., FL

Title: T  
Name: TRICE, RONALD N.  
Address: 8390 PIONEER RD  
City-St-Zip: WEST PALM BEACH, 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: RONALD N. TRICE

PRES

01/04/2011

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

\_\_\_\_\_ Date