

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K69065

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC PEST CONTROL AND LAWN SPRAYING, INC.

**Current Principal Place of Business:**

116 SHORE DRIVE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 759  
OZONA, FL 34660

**New Mailing Address:**

**FEI Number:** 59-2934257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACCARONI, LYDIA  
116 SHORE DRIVE  
OZONA, FL 34660 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: MACCARONI, LYDIA  
Address: 116 SHORE DRIVE  
City-St-Zip: OZONA, FL 34660

Title: VP  
Name: MACCARONI, JASON  
Address: 1181 PALM BLVD.  
City-St-Zip: DUNEDIN, FL 34698

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: LYDIA MACCARONI

P

01/05/2011

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

\_\_\_\_\_  
Date