

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L45879

**FILED**  
**Aug 30, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

5533 WESCONNETT BLVD  
JACKSONVILLE, FL 32244 US

**New Principal Place of Business:**

**Current Mailing Address:**

5533 WESCONNETT BLVD  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

**FEI Number:** 59-3002343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMS, JOHN G  
5533 WESCONNETT BLVD  
JACKSONVILLE, FL 32244 US

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

VICKERS, TRAVIS N P  
5533 WESCONNETT BLVD  
JACKSONVILLE, FL 32244 US

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:** TRAVIS N VICKERS

08/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, S ( ) Delete  
**Name:** VICKERS, TRAVIS N P, S  
**Address:** 5533 WESCONNETT BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** T ( ) Delete  
**Name:** BELLOTTIE, DANIEL J T  
**Address:** 5533 WESCONNETT BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** VICKERS, TRAVIS N P  
**Address:** 5533 WESCONNETT BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** S ( ) Change (X) Addition  
**Name:** PHILLIPS, KEVIN S  
**Address:** 5533 WESCONNETT BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** TRAVIS N VICKERS

P

08/30/2005

Electronic Signature of Signing Officer or Director

Date